



Domestic Violence Offender Treatment Program Participant Agreement

Please read each statement below carefully and completely, and then sign as indicated on Page 2.

1. I understand that my participation in the intervention/services has as its primary goal the elimination of any and all forms of domestic violence and abuse – physical and psychological. Therefore, I agree to cease all violent and abusive behaviors; and agree that as I learn through the program the varied definitions of violence and abuse, I will cease such behavior and adapt my thinking and behavior to be consistent with those new understandings.
2. I agree to share openly, honestly, and completely all details of my past and current violent and/or abusive behavior and supporting attitudes and beliefs as deemed relevant by the staff at Crossing Arrows Counseling Services.
3. Because language can be violent and abusive, I agree to not engage in any sexist, racist, or any other potentially discriminatory or offensive language or any language that generalizes about and/or criticizes any group. I also agree to be open to changing both my behaviors and attitudes regarding criticisms and/or generalizations about any group.
4. I agree that when I believe that there is any risk I might engage in violent or abusive behaviors, it is my responsibility to immediately take action to prevent an occurrence (e.g., time-out, call the police) and contact the staff at Crossing Arrows Counseling Services as directed (i.e., emergency contact).
5. To avoid any and all violent and abusive behaviors and learn strategies to lead a nonviolent lifestyle, I agree to develop, follow and regularly update an accountability and responsibility plan.
6. I agree to comply fully with any and all orders of protection/restraint. I understand that the staff at Crossing Arrows Counseling Services will notify the appropriate authorities should I violate a protective or restraining order.
7. I agree to comply with all court-ordered family obligations (e.g., child support).
8. I agree to fully comply with and participate in any and all assessments deemed necessary by the referring entity (e.g., Court, Family Relations, Probation, Bail, and/or Prosecutor) and/or the staff at Crossing Arrows Counseling Services.
9. I agree to fully comply with the policies of Crossing Arrows Counseling Services and with the referring entity (e.g., Court, Family Relations, Probation, Bail, and/or Prosecutor); and to participate fully and meaningfully with the interventions, including assignments and frequency, durations, and methods of interventions/services.

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10. I agree to arrive on time, participate over the duration of the session/class, and leave only when the session/class is concluded.
11. I agree to not attend sessions/classes/groups with a weapon or under the influence of any illegal substance, alcohol, or misuse of prescription drugs.
12. Because substance use/abuse (including misuse of alcohol) is often a contributing factor to the violence and abuse in complex ways, I agree that the staff at Crossing Arrows Counseling Services may make recommendations regarding reduction/elimination, assessment, and/or treatment.
13. I understand that Crossing Arrows Counseling Services may make recommendations for additional services (e.g., mental health assessment and/or treatment).
14. I am aware that there is no assurance of confidentiality of the information and Crossing Arrows Counseling Services will be communicating with and sharing information with the referring entity (e.g., Court, Family Relations, Probation, Bail, and/or Prosecutor).
15. I agree to pay to Crossing Arrows Counseling Services the agreed-upon fees at the agreed-upon time and in an agreed-upon manner.
16. I have been provided with details on the procedures for making a complaint about the services I have received, as outlined in the Client Handbook.
17. As I will be participating in group counseling sessions, I agree to maintain the confidentiality of other group members and to treat all members of the group respectfully. I understand that any disruptive and/or threatening behavior in a group will not be tolerated. I understand that I will be asked to leave the group and may be dismissed from the group as a result.
18. I understand that any violations of this agreement can and will be reported to the referring entity and may result in dismissal from the program or an increase to my level of legal sanction and/or supervision and may affect the disposition of my court case.

Name of Participant

Date

Name of Practitioner

Date