



ATLANTA INTERVENTION NETWORK

ANGER MANAGEMENT PROGRAM CONTRACT

_____ Based on the State regulations, I understand the following will be reported to the victim's advocate as well as any appropriate authority (police, probation, court, Pardons and Parole): Acts or threats of violence, stalking, coercive or harassing behavior; homicidal/suicidal ideation-or attempts; incidents of child abuse, substance abuse or use of illegal drugs; any criminal behavior or violation of court order relating to family violence. I understand that any or all information obtained may be subject to subpoena or used as evidence in a court of law.

_____ I understand that the State regulations require that I attend _____ **weekly classes out of _____ weeks** which allows for a **maximum of 3 absences**. Further, I understand that **if I miss more than three classes I will be discharged for noncompliance**. There are no "excused absences".

_____ If I am discharged for noncompliance, I understand that the State regulations require that I start the entire _____ **class** program over.

_____ I understand that I am to be on time for the classes. **If I am tardy, the State regulations require that the class will be considered an absence**. Each class is **60 minutes** and I understand that I cannot come late or leave early.

_____ According to the State regulations, I understand that if I re-offend during the course of the program, the offense will be reported to probation and/or the court and I will be discharged from the program.

_____ I understand that I will be expected to prepare a written assignment previous to each class as well as to participate in the class discussion. Noncompliance will result in extra assignments as well as the possibility of discharge.

_____ I understand that I am to meet, if applicable, the following obligations related to the victim: financial, child support, maintaining medical/property insurances policies, removing financial constraints, respecting the victim's right to mobility, personal property, social interaction, employment, education, and personal freedom.

_____ I understand that the State regulations require that **I provide Atlanta Intervention Network with an arrest/incident report**. I understand that I will need to go to the police station, pay a small fee (\$1 to \$5), and bring the report to the class facilitator.

_____ I understand that **I am not to abuse any alcohol or legal medication as well as not using any illicit drugs while assigned to the Anger Management Program**. Further, I understand that I may have to maintain abstinence from alcohol during the Program if that is recommended by the chemical dependency evaluator. Also, I understand I am never to attend any Program class under the influence of alcohol or any drug. If I am taking any type of prescribed medication, I understand that I am to notify the class facilitator or Program Director. I understand that if I am in doubt about any medication, I am to ask the facilitator. I understand that **I can receive a random drug screen(s)** during the Program at no additional cost to me. If alcohol/drug use is suspected and then positively determined, I will have to pay **twenty dollars (\$20.00)** for the drug screening.

_____ I understand that, if I use threatening or abusive language or behavior, I will be discharged from the program.



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_____ I understand that I am solely responsible for the class fee of **thirty dollars (\$30.00)** each week. I pay only for the classes I attend. If my balance **exceeds \$60.00**, I understand that I will be **discharged for noncompliance**. Likewise, if I have a balance of any kind for **more than 14 days**, I will be discharged for noncompliance. Cash or money order is required.

FEE SCHEDULE

Assessment	\$40.00
Class Cost	\$30.00 (weekly)
Drug Screen ("for cause")	\$20.00

_____ Because this program is under the Department of Correction (DOC), I understand that **there is no protection of confidentiality**. I understand that the State regulations require the Treatment Provider to contact the following as applicable: my Probation Officer, the court, Pardons and Parole, Georgia Commission on Family Violence (GCFV), GCFV monitors, victim liaisons. The information processed to the above will be about my enrollment in this Domestic Violence Program, my participation, my payment of fees, case information, notification of noncompliance discharge from the Program and/or notification of completion of the Program.

_____ With my signature, I am certifying that this document has been read to me or that I have read this document. I further certify that I understand the content of this document.

My probation/court officer is:

Name: _____ Organization: _____

Address: _____

City: _____ State: _____ County: _____ Zip: _____

Office Phone: (____) ____ - _____ FAX: (____) ____ - _____

Print Name: _____ Date: ____ / ____ / ____

Your signature: _____

Staff signature: _____ Date: ____ / ____ / ____

