



ANGER MANAGEMENT NONVIOLENCE PROGRAM-INTAKE/ASSESSMENT

Date _____

Name _____ D.O.B. _____

Home# _____ Cell _____ Work _____

Address _____ County _____ City _____ State _____ Zip _____

Ethnicity or Race _____ Are you a US military veteran? _____

Employer _____

Have you attended an Anger Management Program before? _____ If yes, where? _____

Is the incident for which you were referred a domestic incident (this could include physical, verbal, mental abuse with someone you are in an intimate relationship with or someone you know such as a child, family member, or friend)? YES NO

For the incident for which you were referred her, who is considered your victim in the case?

Name _____ D.O.B. _____

Relationship to you (if any) _____

How long have you known this person? _____ Are you still in a relationship with them? _____

LAW ENFORCEMENT/COURT INVOLVEMENT

Have you been arrested in the past for a violent crime? _____

Are you on probation or parole? _____ How long is your probation or parole (in months)? _____

Probation/Parole Officer _____

What are your probation/parole conditions? BIP _____ Drug/Alcohol Evaluation _____ Fine _____

Abstain from Alcohol _____ No contact with victim _____ Information about current partner _____

Other _____

Is there a current ORDER FOR PROTECTION (OFP) against you? _____ Date of order _____

Length of Order _____ Judge _____

1) Have you ever been to counseling for violent behavior? _____

2) Please describe your current drug or alcohol use _____

3) Do you believe your current drug or alcohol use is excessive? _____

4) Have you ever had a drug or alcohol evaluation? _____ If yes, when? _____

5) Have you ever been to treatment for drug or alcohol use? _____ If yes, when? _____
Did you complete the treatment? _____

6) When you were growing up, where did you hear or witness violence? (examples: TV, home, school, streets, foster home, treatment center)

7) Thinking about when you were a child/teen, did you ever use violence against others?
In your family _____ In your neighborhood _____ On the street _____ School _____ Sports _____
Gangs _____ Other _____

8) Describe in detail the violent/abusive actions in the incident that brought you to TCCT:

9) Please describe in detail the worst violence you have committed:

10) Describe any violence or other abuse you have used in other relationships:

Other important information you would like to share: