



The Center for Counseling & Training Nonviolence Program

Intake & Assessment

Date: _____

Name _____ D.O.B. _____ Race/Ethnicity _____

Phone # _____ Alternate # _____ County _____

Address _____ City _____ State _____ Zip _____

US Military Veteran? YES NO If yes, what branch? _____

Employed? YES NO If yes, where? _____ Phone # _____

Have you attended Anger Management or Batterer's Intervention Program before? YES NO If yes, where? _____

Completed Program? YES NO Who referred you to TCCT? _____

Victim/Current Relationship/ Family Information:

Victim's Name _____ D.O.B. _____ Phone # _____

Address _____

Are you in a relationship with the victim? YES NO Are you in a new relationship? YES NO

Do you have children? YES NO Ages _____ Do they currently live with you? YES NO

Were children in the home when incident occurred? YES NO Do you have an open Child Services case? YES NO

Criminal History & Background Information:

Have you ever been arrested? YES NO Date of most recent arrest _____ Charges _____

Are you on probation or parole? YES NO If yes, who is your Probation/Parole officer? _____

What other crimes have you been charged with? _____ County _____

Do you have a current Ex Parte or Order of Protection against you? YES NO If yes, Date of Issue _____

Have you ever attended counseling for violent behavior? YES NO If yes, when/where? _____

Have you used drugs or alcohol? YES NO If yes, which one(s)? _____ Are you still using? YES NO

Have you ever been to treatment for drug or alcohol use? YES NO If yes, when? _____ Completed? YES NO

Was there violence in your home when you were growing up? YES NO If yes, please explain who and describe violence

Relationship Background Information:

Check any behaviors you have used in your current and/or past relationships

- | | |
|---|--|
| <input type="checkbox"/> Slapped/ Punched my partner | <input type="checkbox"/> Smashed things |
| <input type="checkbox"/> Called my partner names | <input type="checkbox"/> Decided who my partner should be friends with |
| <input type="checkbox"/> Blamed partner for incident/abuse | <input type="checkbox"/> Threatened to take children |
| <input type="checkbox"/> Told partner what their role/job in the relationship should be | <input type="checkbox"/> Made major financial decisions without talking to partner |
| <input type="checkbox"/> Threatened to harm my partner | <input type="checkbox"/> Grabbed my partner around the neck |
| <input type="checkbox"/> Destroyed partners property | <input type="checkbox"/> Embarrassed my partner |
| <input type="checkbox"/> Questioned my partner about their whereabouts | <input type="checkbox"/> Kept the checkbook/debit card from my partner |
| <input type="checkbox"/> Blamed someone or something else for the incident/abuse | <input type="checkbox"/> Thrown objects at/near my partner |
| <input type="checkbox"/> Restrained my partner | <input type="checkbox"/> Choked my partner |
| <input type="checkbox"/> Displayed weapons | <input type="checkbox"/> Accused partner of flirting/cheating |
| <input type="checkbox"/> Checked partners phone/text messages | <input type="checkbox"/> Denied incident happened when it actually did |
| <input type="checkbox"/> Used children to deliver messages to partner | <input type="checkbox"/> Acted like I was in charge of household |
| <input type="checkbox"/> Made household rules without partner's input | <input type="checkbox"/> Did not tell partner everything about family income |
| <input type="checkbox"/> Threatened to harm partner's family/friends | <input type="checkbox"/> Tried to get partner to drop Ex Parte/Order of Protection |
| <input type="checkbox"/> Threatened to/did harm pets | <input type="checkbox"/> Did not pay child support |
| <input type="checkbox"/> Pulled partner's hair | <input type="checkbox"/> Forced my partner to have sex against their will |

Please list any other behaviors you have used in your current and/or past relationships: _____

How do you try to resolve arguments?

Please check any behaviors/techniques you have used/tried to use to resolve arguments

- | | |
|---|--|
| <input type="checkbox"/> Discuss issues calmly | <input type="checkbox"/> Listen to partner |
| <input type="checkbox"/> Ask for your partner's opinion | <input type="checkbox"/> Talk through a disagreement |
| <input type="checkbox"/> Apologize to your partner | <input type="checkbox"/> Leave the room to calm down |

Please list any other behaviors/techniques you have used to resolve arguments: _____

In your opinion, what causes your arguments to become abusive? _____

What positive changes would you like to make for yourself? _____

Any other important information you would like to share: _____