



The Center for Counseling & Training

109 S. 10th Street

Lexington, Missouri 64067

Phone 660.259.3900 Fax 660.259.9127

ACKNOWLEDGEMENT OF VICTIM CONTACT

I, _____, hereby acknowledge that The Center for Counseling & Training (TCCT) along with its affiliate, The House of Hope; 301 Broadway; Lexington, MO 64067, will be contacting my victim and any significant other I may have during my treatment to obtain information regarding my past and present abusive behavior. I understand my victim will be asked specific questions regarding my past history of abuse in order to aid the counselors to help me change my abusive behavior patterns. I understand my victim will be asked if I am presently abusive and will be encouraged to report present abusive behavior to my probation officer (if it applies). I understand the resources for victim support and therapeutic treatment will be offered to my victim. I acknowledge the following information will be shared with my victim regarding my batterer's treatment:

- Attendance
- Progress
- Recommendations regarding program termination/re-entry
- Verbal summary of portions of treatment

The following is my victim's name, telephone number, and last known address:

Name _____

Phone Numbers Home _____ Cell _____ Other _____

Address _____ City/State/Zip _____

The following is my **current significant other's** name, telephone number, and address:

Name _____

Phone Numbers Home _____ Cell _____ Other _____

Address _____ City/State/Zip _____

Client Signature

Date