

“A” STREET INTERVENTION PROGRAMS

410 North A Street

Oxnard, CA 93030

805-701-1040

Fax 805-487-2255

JoEllen Stevens, Ph.D., Director

ENROLLMENT AND ATTENDANCE RECORD

Participant _____ Start Date: _____ Class Time: _____

Case No: _____ Grp Fac: _____ Location _____

Date of Birth _____ Language Spoken _____

Participant address _____

Home phone# _____ Cell phone # _____

Employer _____

Employer's address _____

Work phone# _____

Sessions assigned _____

Sessions completed by other program _____

FEE \$ ____20 ____

Emergency Contact Information:

Nearest relative name _____ Phone _____

Address _____

PROOF OF ENROLLMENT CARD

Please take this card with you when you go back to court. It verifies you have enrolled in “A” Street Intervention Program **Anger Management** and the date you are scheduled to or have begun classes. Returning this form to Court verifies you are waiving confidentiality with the Court.

On _____ (date) _____ (name) and _____
(case number) enrolled in Anger Management classes in _____ (city), to begin
on _____.

Program Facilitator

Date

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ANGER MANAGEMENT PROGRAM CLIENT CONTRACT:

“A” Street Intervention Programs runs a 10 week program for the purpose of providing education and to promote cooperation and problem solving between parents. We aspire to help reduce anger and conflict so that children are less at risk for problems.

Class participants will be required to complete 10 classes, depending on Court recommendations.

One absence is allowed unless agreed upon in advance.

The fees for the class are \$20.00 per session. No charge is made for registration.

All group members agree to refrain from talking about the other participants in the class, their families and/or current partners and/or anyone else whose name is mentioned in the group to anyone outside the class, keeping the identity, events conversations and communications of others confidential. If you violate this confidentiality agreement, you will be terminated from the program and must return to Court.

After reading the above information, I agree to abide by the contents of this contract. This contract consists of one page.

Name

Date

Signature

Court case number

Your completion notice will be given to you and sent to the court.. If some other entity requires a copy, please provide a self-addressed, stamped envelope.

Program Coordinator

Date

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JoEllen Stevens, Ph.D., Director

I, _____, do hereby authorize JoEllen Stevens, Ph.D. And/or “A” Street Intervention Programs employees to speak to the following individuals or agencies, to send regular reports, and/or to release any and all information which has been acquired during the course of my intervention classes to:

___ My probation officer

___ My parole agent

___ Ventura County Superior Court

___ Human Social Services

___ Other _____

Print Name _____

Signature _____

Date _____

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JoEllen Stevens, Ph.D., Director

RE: _____

Attn: _____

_____ is scheduled to begin Anger Management classes on _____.

Subject to approval by Court and/or probation officer or parole agent.

Therapy will be scheduled weekly and will continue until the Court, the probation officer or parole agent allows termination.

The Client will be registered for the 10 session Anger Management program unless other information is received by LCIP.

The Client has signed an authorization for progress reports to be sent upon request to the Court and/or other governing agency.

If you have any questions please feel free to call.

Sincerely,

JoEllen Stevens, Ph.D.
Director

RECORD OF ATTENDANCE

DEFENDANT: _____ **FEE \$** _____

DATE	SESSION NO.	PAYMENT	PROGRESS
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This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.