

Nonviolent Alternatives Enrollment Agreement

Participant Name: _____ Phone: _____

Address: _____

City, State, Zip: _____ DOB: _____

Referred by: _____ Case #: _____

I understand I am enrolling in an educational program. I am not receiving any type of treatment and this program does not include psychiatric or psychological diagnosis, intervention or prognosis. I agree the reason I am enrolling in this program is to learn not to be violent or abusive toward myself or anyone else. No promises or guarantees are being made as to the results of attending this program. Ultimately, I am the only one responsible for making changes in myself, and my life, that result in my own happiness and ending abusive behavior.

I agree to participate openly, honestly and actively in class discussions and I will abide by all program rules. I agree I will not abuse anyone else or myself, in session or in my personal life while I am in this program. This includes verbal abuse, mental abuse, physical abuse, substance abuse, threats of suicide, threats of violence, or other threats of abuse. If I make a mistake, and break any of these promises not to be violent or abusive, I will immediately talk about what happened with program staff and accept the consequences for my behavior.

Safety to myself and others is priority and will be enforced by program staff. I understand Nonviolent Alternatives reserves the right to refuse services to any person, at any time, for any reason and reserves the right to terminate services at any time, for any reason.

Nonviolent Alternatives' policy is to maintain confidentiality. But I understand confidentiality is not guaranteed and Nonviolent Alternatives is required to break confidentiality when ordered or required by legal authority or legal duty. Suspected child abuse and neglect, or suspected battery, neglect, or exploitation of an endangered adult will be reported to appropriate authorities pursuant to Indiana law.

I agree to provide the correct names, addresses and/or phone numbers of my past and/or present spouses, life partners, and anyone I've been accused of abusing.

I give Nonviolent Alternatives staff, and others who work with them, permission to contact the individuals listed, to refer them to counseling or to give them, their counselor, or advocate, information Nonviolent Alternatives believes is necessary for their safety or well being.

I waive confidentiality and give Nonviolent Alternatives permission to contact:

1. _____ County Courts, Probation, Prosecutor, Police, and Protective Services.
2. My past and/or present spouse, life partner, anyone I've been accused of abusing, plus their advocate.
3. Other: _____

I give Nonviolent Alternatives unrestricted consent to release information to everyone listed above. I further give everyone listed above unrestricted consent to release information to Nonviolent Alternatives staff. I waive and release Nonviolent Alternatives, and everyone above, from any liability for acting in reliance upon this release. I understand I may not be informed of any communications that take place. I waive any right to have access to, or to be informed of the nature, content, or existence of any such communications.

I understand that as part of my enrollment in this course, I will be asked to complete questionnaires, rating scales, or similar forms. The questions on these forms will ask me about my behavior and attitudes, and will be used collectively to measure the effectiveness of the program. My name will not be connected to the responses I provide on these forms, and I pledge to answer all questions accurately and honestly.

I must attend 26 weekly sessions (usually 1 1/2 hours long) plus comply with all other terms of this agreement to successfully complete this program. I understand I will be voluntarily withdrawing from the program if I am absent two (2) times in a row. This means I will be unsuccessfully discharged and will be required to start over if I return. If I am absent, I do not receive credit for class and must make up the class. In addition to making up the class when I am absent, I understand my program will be automatically extended one additional class for every time I am absent after my second absence. (The 3rd absence and every absence thereafter I will need to make up two classes for every time I am absent.)

If I am more than five minutes late for class, I will be attending in a deferred status. A deferred class means I don't receive credit for the session, but I'm not being counted absent either. If I accumulate a total of five (5) deferred status sessions, I can be unsuccessfully discharged and required to start over in the program if I return. I will be counted as absent if I am more than 30 minutes late.

I agree to pay all fees due in cash at the beginning of each session. I agree to pay the full rate schedule fee for regular full credit class sessions, \$5.00 for non-credit deferred status sessions, and \$100 per staff person for subpoenaed court appearances. I understand class fees are usually not covered by insurance and no money paid is ever refunded. If I ever pay by check and the check is returned for any reason, I will be required to pay an additional fee of \$30. I also agree to pay all necessary costs to repair or replace any property I damage (such as carpet stained from greasy or muddy shoes, spilled coffee or soda), including fees for staff member's time to arrange and supervise replacement and/or repair of damaged property. I agree no matter how many class sessions I've attended, my program is not complete as long as I have a past due fee balance. I agree I will continue to attend deferred status sessions until my balance is paid. I also agree to attend additional second chance class sessions when requested by program staff if I get behind \$100.00.

I understand that even though the use of drugs and/or alcohol does not cause me to be abusive, they can significantly interfere with my ability to think clearly about the choices I make. Thus, for the period of time in which I am enrolled in this program, whether I am in session or on my own time, I agree and give my word that I will not drink alcohol or use any mood altering chemicals. I agree to voluntarily submit to testing, at my own expense, whenever requested by program staff, to verify that I am not using any mood altering chemicals. I agree that if problems come up such as alcohol or drug abuse, or mental health issues, I will seek appropriate assessment and treatment as a condition of being in this program. I agree to voluntarily cooperate if program staff requests me to obtain an assessment for any of these problems.

I agree to attend _____ twelve step meetings weekly and complete worksheets to be turned in at every class I attend.

I understand if I fail to comply with these conditions, I can be unsuccessfully discharged from the program and not allowed to re-enroll until I have obtained an assessment as directed, and have fully complied with all of the assessment treatment recommendations.

I have read this agreement and understand that it is a legally binding agreement. I understand I can be unsuccessfully discharged if I violate any part of this agreement. I understand that I can consult with my attorney if I so desire, before signing this agreement.

DATED, this _____ day of _____, 20_____.

Participant

Nonviolent Alternatives Staff