



FAMILY VIOLENCE INTERVENTION (FVIP) FORM
(Please print)

Date: _____

Instructions: Please fill out completely for the individual being referred.

This document* can be returned via secure fax, email or mail, attention Andris Torres

Fax: 864.467.3571

Email: torresa@compassofcarolina.org

Compass of Carolina
1100 Rutherford Rd., Stone Plaza
Greenville, SC 29609

If you have questions, please call Andris Torres at 864.467.3434 ext. 3336

* If this is a court referral, please include the related court documents with the referral application.

This is a (check one): [] Self-Referral [] Court / Agency Referral

Name:

First M.I. Last

Address: Street Address Apt.# City State Zip

Phone (Home): Phone (Work): **Email:

Social Security #: **Date of Birth:

For Court / Agency Referrals only - If you are a self-referral please leave the section below blank.

Referring court / agency: Please note, all DSS referrals must be sent with a current Treatment Plan.

**Required information

Contact Person: Name Email:

Address: Street Address Unit.# City State Zip

Phone: Fax:

Case #: Date this individual must contact Compass Staff by:

Individual has also been referred to: [] Phoenix Center [] Mental Health [] Other (list)

Please check the appropriate box for the referred individual: [] * Perpetrator (initiator of violence) [] Both partners equally responsible [] Victim (recipient of abuse)

* If this box was checked, please supply the victim's contact information so that we can inform him/her of victims' services and perpetrator's compliance. Do not provide a copy of this form to them as it contains information relating to their victim.

Victim's Name: First M.I. Last

Address: Street Address Apt.# City State Zip

Phone (Home): Phone (Work):

FOR INTERNAL

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