**FAMILY VIOLENCE INTERVENTION PROGRAM (FVIP) REFERRAL FORM**
**(Please print)** **Date:_____**

**INSTRUCTIONS: Complete one form per person. Do not give a perpetrator a copy of this form with victim contact information.**

**Fax referral form and appropriate court orders, etc., to: 864-467-3571**
**or e-mail to: deitza@compassofcarolina.org**
**or mail to: Compass of Carolina**
**1100 Rutherford Rd., Stone Plaza**
**Greenville, SC 29609**

**If you have questions, please call April Deitz at 467-3434, Ext. 3313.**

**Referred Client Name:**

_____
**FIRST M.I. LAST**

**Address:**_____
**STREET ADDRESS APT.# CITY STATE ZIP**

**Phone (Home):**_____ **Phone (Work):**_____

**Social Security #:** _____ **Case #:** _____

**Please check appropriate box:** ☐ **Perpetrator (initiator of violence)** ☐ **Victim (recipient of abuse)**
☐ **Both partners equally responsible**

**Client has also been referred to:** ☐ **Phoenix Center** ☐ **Mental Health**
☐ **Other** _____

**DATE REFERRED CLIENT MUST CONTACT FVIP BY:** _____

**If referred client is the perpetrator, please supply FVIP with the victim's contact information so that we can inform him/her of victims' services and perpetrator's compliance.**

**Victim's Name:** _____
**FIRST M.I. LAST**

**Address:**_____
**STREET ADDRESS APT.# CITY STATE ZIP**

**Phone (Home):**_____ **Phone (Work):**_____

**Referring court/agency: (All DSS referrals must include Treatment Plan.)**

_____

**Contact Person:** _____

**Address:** _____
**STREET ADDRESS APT.# CITY STATE ZIP**

**Phone:**_____ **Fax:**_____

**E-mail:**_____

**FOR INTERNAL USE** **ENTERED DB**_____