



**Pathways to Family Peace Men's
Videoconference Domestic Violence
Program
Referral Form
www.pathwaystofamilypeace.org**

Referral Agency Information

Date of Referral:

Agency Name:

Name and Position:

Work Phone:

E-mail address:

Potential Client Information

First Name:

Middle Name:

Last Name:

Date of Birth:

Street Address:

City, State, and Zip Code:

E-mail address:

Phone Number:

Ethnicity / Race: _____



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Is the client currently on probation or parole?

☐ Yes. If yes, for how long?

☐ No

Pathways to Family Peace is required by statute in the state of Minnesota and many other states to contact all victims of clients who are court ordered to attend a domestic abuse program. Please provide the following information for that purpose:

Name of victim:

Phone number for victim:

Street Address for victim:

City, State, & Zip Code for victim:

Referral Type:

☐ Criminal conviction

☐ Order for Protection

☐ Child protection

☐ Volunteer

☐ Other

Please describe the reason for the referral:



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Date that client must make initial contact by:

Has the client attended a domestic violence program before?

☐ Yes. When and where?

☐ No

Has the client been referred to a chemical dependency program in the past or currently enrolled in one?

☐ Yes. When and where?

☐ No

Does the client have a history of mental illness or cognitive challenges that the program facilitators should be aware of?

☐ Yes What type?

☐ No



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Is the client employed?

☐ Yes. If yes, ☐ Full-time. ☐ Part-time or ☐ Seasonal

☐ No

Does the client have children living in his home or biological children?

☐ Yes. If yes, how many?

☐ No

Was a domestic violence risk assessment conducted on this client related to the current incident?

☐ Yes

☐ No

If a risk assessment for domestic violence was completed, such as the ODARA, please list the ODARA score and other relevant risk information:

ODARA Score:

Brief descriptive information regarding risk for lethality and/or re-abuse:



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Is there currently an order for protection (OFP) or Domestic Abuse No Contact Order in place restricting contact with the victim?

☐ Yes. If yes, please check one or both of the following: ☐ OFP. ☐ DANCO

☐ No

Included with this referral are the following other documents and relevant information:

☐ Copy of police report related to most recent incident.

☐ Information with details related to other probationary restrictions and conditions related to most recent incident.

☐ Any relevant copies of releases of information

☐ Other:

Additional comments regarding this referral:

Please e-mail this form to: pathwaystofamilypeace@gmail.com Please call or text Melissa at 218-969-3498 for any questions or comments.

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