

REPORT TITLE
Report Sub Title

		From: Dr Michael Roberts	
Agency: Riverside Municipal Court		Agency: Program Evaluation	
Client: William R Hanks		Phone: (949) 568-8999	Fax: (949) 568-8888
DOB: 06/22/1981	Case Nbr 93409238	Report Date: 05/04/2003	

Status: Formal Probation Other

Report Type:
Progress

Group Day / Time: Wednesday 04:00 pm

Starting Date: 12/17/2000

Attendance:

Sessions Required: 52

Sessions Attended: 16

Sessions Missed: 0

Last Session Attended: 04/04/2001

Fees:

Current Past Due: \$0.00

Est. Total Cost of Program: \$1,300.00

Amount Per Session: \$25.00

Payment Received to Date: \$400.00

Date of Last Payment: 04/04/2001

Progress:

The purpose of the following evaluations is to determine whether the client is at this time progressing on course to satisfy the criteria of p.c. 1203.097(a)(10)(A) by the end of the program. This statute requires the following for the client to have successfully completed: 1) be free of violence; 2) has cooperated and participated in the program; 3) understands and practices positive conflict resolution; 4) does not blame, degrade, dehumanize or risk the safety of the victim; 5) understands that relationship coercion and violence are unacceptable; 6) has made no threats; 7) has complied with alcohol and/or drug counseling as applicable; 8) has accepted responsibility for the abusive behavior.

1. Compliance with all conditions of the program contract <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Assessment Areas	Satisfactory		Marginal	Unsatisfactory	
	Almost Always	Often	Some-times	Seldom	Almost Never
2. Actively works toward ending his/her use of violence and intimidation			X		
3. Demonstrates awareness of using abusive behavior			X		
4. Accepts responsibility and accountability for abusive behavior, including presenting offense(s)			X		
5. Behavior shows commitment to constructive personal change	X				
6. Participates appropriately in group sessions showing respect for facilitators and group members				X	
7. Demonstrates empathy for victim's experience			X		
8. Demonstrates awareness of the effects of violence on children and others			X		
9. Demonstrates constructive change in beliefs*			X		
10. Client is developing strategies to prevent reoccurrence of violent and abusive behavior*	X				
11. Client is benefiting from this program <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

Client: William R Hanks

Provide narrative evaluation:

1. Address assessment areas 9 and 10 (from page 1) using specific conduct examples to explain your answer.

2. During this reporting period, to the best of my knowledge, the client's potential for further violence has:

Increased Decreased Remained the same

Explain: (Include any changes in circumstances or lethality risk factors that may affect your evaluation)

3. During this reporting period, to the best of my knowledge, level of victim safety has:

Increased Decreased Remained about the same

Explain:

Factors contributing to lethality risk assessment: (check those that apply)	Past History	Current
Extreme focus on victim ownership, centrality	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Violence at threat of separation	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Prior DV convictions/arrests	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Weapons - use, possession, access	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Substance Abuse during incident	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Suicidal/Homicidal ideation or threats	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Recent escalation of violence or risk taking	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Extreme emotional responses: depression, rage, instability	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Victim / Witness of violence as a child	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Concurrent Counseling recommended Yes If yes, Type:
 No

I DECLARE THAT THE INFORMATION CONTAINED IN THIS REPORT IS TRUE AND CORRECT BASED UPON THE REQUIREMENTS OF THIS PROGRAM AND THE CALIFORNIA STATE STANDARDS FOR BATTERERS PROGRAMS.

Facilitator's Signature: _____

Date Signed: 05/04/2003

Print Facilitator's Name: Pauline Henderson