



The Southern Maryland Center for Family Advocacy

P.O. Box 760, Hollywood, MD 20636

301-373-4141 | Fax: 301-373-4147

ABUSER INTERVENTION PROGRAM PARTICIPANTS AGREEMENT/CONTRACT

Participant's Name: _____ Date of Birth: _____

Probation Officer: _____ County: _____

I, _____, agree to the following:

1. To attend and actively, cooperatively participate in a 26-week (32 hours) abuser intervention education program facilitated by the Southern Maryland Center for Family Advocacy with no more than 3 facilitator-excused absences.
2. That if I must be absent due to an emergency, I will call (301)-373-4141 before the absence to seek approval from the AIP facilitator. Furthermore, any of my facilitator-excused absences will be made up at the end of the program so that I attend a total of 32 hours of group sessions.
3. That monthly reports will be made to the Department of Parole and Probation, Courts and States Attorneys.
4. That I am to arrive for group drug and alcohol free. If I arrive under the influence, I will be asked to leave and the session will be considered an absence.
5. That I am to pay for group each week before each session.
6. That the doors will be locked at 5:00 p.m. and no one will be admitted after the doors are locked. If you arrive after the doors are locked it will be considered an absence.
7. That the use of physical violence and threats toward group members, the facilitator, or the staff of the Southern Maryland Center for Family Advocacy or the continued use of threats or violence against my partner will result in my immediate termination from the program.
8. That my partner will be contacted by the staff of the Southern Maryland Center for Family Advocacy during my participation in the program.
9. That leaving the group early will be considered an absence.
10. That there will be no eating, smoking, or drinking during sessions.
11. That I must contact the office at (301)-373-4141 within 24 hours after my address/phone number change.
12. That I agree to be compliant with Child Support/Family Maintenance payments as required by court order.

13. That the certifying body may have access to my program records and group activity to audit, monitor, and evaluate thus ensuring program compliance with the guidelines.
14. My total program cost for the program is \$680 to be paid in the following manner: \$30 initial intake and \$25 per group session to be paid either in advance or prior to each group session. Fees are to be paid by money order only.

The Southern Maryland Center for Family Advocacy agrees to the following:

1. To provide a 26-week (32 hours) education intensive counseling program designed to help batterers eliminate abusive and controlling behaviors against their intimate partners.
2. To assist the participants understand acts of violence and abuse and how they relate to issues of power and control.
3. To increase participants knowledge of how their behaviors have a negative effect on their relationships, their children, their spouse /partner and themselves.
4. To provide practical solutions on how to change abusive and controlling behaviors and teach non-abusive alternatives.

Participant Signature

Date

Facilitator Signature

Date