

<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF INYO</b> Street Address: 168 North Edwards Street Mailing Address: Post Office Drawer U Independence, CA 93526 Branch Name:		
<b>PEOPLE OF THE STATE OF CALIFORNIA</b>  <b>VS.</b>  <b>DEFENDANT:</b>		
<b>ANGER MANAGEMENT PROGRAM COMPLETION/TERMINATION NOTICE</b>		CASE NUMBER:

Name and address of program:			
Report date:			
Intake date:	Class start date:	Completion date:	Termination date:

**THIS COMPLETED FORM MUST BE PROVIDED TO THE PROBATION DEPARTMENT OR THE COURT**

\_\_\_\_\_ **COMPLETION NOTICE**      \_\_\_\_\_ **TERMINATION NOTICE**

**A. ASSESSMENT:**

**1. ATTENDANCE**

<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Classes attended: _____	<input type="checkbox"/> Unexcused absences: _____
<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Excused absences: _____	

**2. PAYMENT OF FEES**

<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	Amount owing: _____
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**3. PARTICIPATION**

<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory (explain)
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**4. EVALUATION and RECOMMENDATION**

**This evaluation takes into consideration the individual's level of compliance with the program requirements as well as an appropriate demonstration of the individual's acquired level of knowledge, understanding a awareness of (a) what violent/abusive behavior is and (b) the individual's behavior potential as related to maintaining a nonviolent/nonabusive lifestyle. This evaluation of abilities takes into consideration the following:**

**ITEMS EVALUATED** (1 = unacceptable 2 = poor 3 = fair 4 = good 5 = excellent)

- Cooperation and participation in the program \_\_\_\_\_
- Sufficient knowledge and understanding to be consistently violence free \_\_\_\_\_
- Sufficient knowledge and understanding to practice healthy conflict-resolution skills \_\_\_\_\_
- Sufficient knowledge and understanding to practice restraint in areas of blame shifting, degradation, committing acts that dehumanize or jeopardize another individual in any way \_\_\_\_\_
- Sufficient knowledge and understanding to ascertain that he use of coercion or violent/abusive behavior to maintain dominance is unacceptable in an intimate relationship \_\_\_\_\_
- Sufficient knowledge and understanding to avoid making threats of harm to others \_\_\_\_\_
- To the best of our knowledge has complied with requirements to receive alcohol/drug counseling, or other mandates by the judicial system and this program. \_\_\_\_\_

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**5. PROGRESS EVALUATION AND RECOMMENDATIONS**

a. Individual is  is not  in compliance with program requirements.

**COMMENTS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**B. NOTICE OF TERMINATION**

Attendee was terminated from the program for the following reasons (check all that apply)

- Violated one or more terms of the “no-contact” order issued by the court.
  - The program was notified of a report of abuse or threat of abuse by attendee.
  - The program was notified of attendee’s use of threats, intimidation, or violence.
  - Attendee was violent and/or abusive in group.
  - Failed to demonstrate meaningful group participation.
  - Failed to pay program fees or provide required fee documentation.
  - Failed to adhere to attendance policies.
  - Failed to comply with program contract or other rules and policies.
  - Other: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Provider shall retain a copy of this form.**

Submitted on (date):

\_\_\_\_\_  
(Print Program Provider Name)

\_\_\_\_\_  
(Program Provider Signature)