



# Abusive Partner Intervention Program

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## Referral Form

\*\*\*PLEASE EMAIL THIS FORM TO Nicole.Sabella@eac-network.org\*\*\*

Date: \_\_\_\_\_ 16 or 26 weeks: \_\_\_\_\_

Person being referred: \_\_\_\_\_

Address:

Street \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone#: \_\_\_\_\_ DOB: \_\_\_\_\_

Email \*: \_\_\_\_\_

Primary Language: ( ) English ( ) Spanish ( ) Other: \_\_\_\_\_

Referral Source: ( ) Criminal/Supreme Court ( ) Family/Civil Court ( ) Probation ( ) Parole

( ) Other: \_\_\_\_\_

For Legal Purposes Fill Out Below:

NYSID: \_\_\_\_\_ Docket/Indictment/Case#: \_\_\_\_\_

Judge: \_\_\_\_\_ Court Part: \_\_\_\_\_ Next Court Date: \_\_\_\_\_

Person to receive reports other than the Court:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax and or Email: \_\_\_\_\_

Is there an order of protection in effect? ( ) Yes ( ) No ( ) Unknown

Conditions in addition to attendance: \_\_\_\_\_

**\* PARTICIPANT'S EMAIL NEEDED TO JOIN VIRTUAL CLASSES**