

FAMILY VIOLENCE INTERVENTION PROGRAM COMPLIANCE FORM



Superior Courts
State of Georgia

COUNTY: _____

CASE NO: _____

_____, Respondent

The Respondent above has been adjudged by a lawful protective order issued in the above referenced case number on the _____ day of _____, 20____, at _____ a.m./p.m. in the _____ County Courthouse at _____ to have violated the Family Violence Act, O.C.G.A. 19-13-1 *et seq.*, by committing family violence.

THEREFORE, IT IS HEREBY ORDERED THAT:

- Pursuant to O.C.G.A. 19-13-16(a), the respondent must enroll in and complete a certified Family Violence Intervention Program (FVIP) authorized and operated in accordance with O.C.G.A. 19-13-15. A list of certified FVIPs has been provided to the Respondent by this Court. In addition, a complete list of certified FVIPs is available at www.gcfv.org.
- ***Within 14 calendar days of receipt of this Order***, the Respondent must enroll in a certified FVIP. The Respondent must present a copy of this form to the certified FVIP.
- Failure to enroll in and complete a certified FVIP may result in a Show Cause contempt hearing. A finding of contempt may result in arrest and incarceration for noncompliance with this Order.

By signing this document I, _____, hereby acknowledge receipt of this Order and FVIP information, and I agree to comply.

Signature

Date

Respondent Information: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

Judge