

Monroe County Victim Impact Program (VIP) Referral Registration Form

You have been referred to Monroe County Victim Impact Program from an agency other than the Monroe County Justice Department. Please fill out the form below to register to attend this program. Please be aware of the following:

- You will need to be at BOTH nights of each session or credit for attendance will not be issued.
- You will not be allowed to attend if you are more than 10 minutes late for the session.
- You will not be allowed to attend if you are suspected to be under the influence of alcohol or any illegal drug.
- You will need to review, sign, and return the attached rules for VIP **PRIOR TO** the first night of the session you choose.
- **Masks will be required to attend all classes. Social Distancing will be observed.**

Please select one session in 2024 (**Sessions are from 4:00pm to 7:00pm each night**):

Session 1: March 5th and 12th

Session 2: June 4th and 11th

Session 3: September 3th and 10th

Session 4: December 3th and 10th

Your Name: _____ Phone Number: _____

Referred by: _____ Phone Number: _____

Agency of Referral Source: _____

MONROE COUNTY JUSTICE DEPARTMENT

Tara Nichols, Justice Programs Manager

Monroe County

112 South Court St.

Room Number 1008

Sparta, WI 54656



Tel: (608) 269-8821

OR (608 (269) 8897

Fax: (608) 269-8894

Email: Tara.Nichols@co.monroe.wi.us

Monroe County Victim Impact Program—Group Rules

Name: _____ Referral Source: _____

1. _____ I understand that I need to attend both group sessions.
2. _____ I understand that I will not receive any credit for the program if I miss either group session.
3. _____ I understand that I need to arrive to group on time and stay until the end of the session. I understand that I will not be allowed to attend any sessions for which I am late and may not receive credit if I arrive late or leave early.
4. _____ I understand that I will not come to the group under the influence of alcohol or any other controlled or illegal substance. I understand that I will be asked to leave the sessions if any use is suspected.
5. _____ I understand that I will be asked to participate actively and respectfully with the group discussion.
6. _____ I understand that disruptive behavior, or any other use of disrespect, will not be tolerated and may result in my removal from the session. This will be relayed to the party that made your referral (Probation and Parole, Judge, Treatment Provider, etc..). I understand that I will be asked to remove any hats or tinted glasses out of respect for the presenter(s).
7. _____ I will observe the CONFIDENTIALITY of all participants. Group participant's names and personal circumstances will NOT be discussed by me outside of this group.
8. _____ I understand that my facilitators are required to report any suspected act of child abuse/neglect, or any concern for my safety or others to the proper authorities.
9. _____ I understand that my facilitators will report my attendance and any information regarding my participation to the program or referral source.
10. Other (as needed)

11. I agree to abide by the above rules while I am participating in the Victim Impact Program. I understand that if I choose not to comply that my referring source will be notified and no credit for attendance will be provided.

Print last name

signature

date