



ALPINE SPRINGS COUNSELING

www.alpinespringscounseling.com

(970) 945-7858

Domestic Violence 2nd Contact Sheet

Client Name: _____

Agency Attending: _____

Counselors Name: _____

Phone # and Email: _____

Weeks/Month	Date	Signature
1		
2		
3		
4		
5		

Level B 2nd Contact Treatment Requirements

- Weekly group clinical sessions (four, 1.5 hour contacts a month)
- At least one additional monthly clinical contact from the list below (1 additional hour for the month)

Level C 2nd Contact Treatment Requirements

- Weekly group clinical sessions (four, 1.5 hour contacts a month)
- A weekly clinical contact involves therapeutic intervention specifically related to the offender's criminogenic needs and risk factors (1 additional hour contact per week)
 - Individual counseling to address additional personal issues, not domestic violence focused
 - Parenting classes
 - Group treatment that includes clinical contact with a counselor
 - Substance abuse treatment or mental health treatment: SSIC, Seeking Safety, MRT,
 - Other treatment recommendations as required by MTT

Client Signature: _____

Counselor Signature: _____

** THIS NOTE IS TO BE TURNED IN ONCE A MONTH TO THE FRONT OFFICE**