

BEE SERVICES, INC.  
BATTERY INTERVENTION AND PREVENTION PROGRAM (BIPP)  
PERSONAL DATA FORM

County of Conviction: \_\_\_\_\_ Probation County: \_\_\_\_\_

Case/Cause #: \_\_\_\_\_ Probation Office Location: \_\_\_\_\_  
*Lawyer*

Probation Officer: \_\_\_\_\_ PO's Email/Phone: \_\_\_\_\_  
*Lawyer*

Name: \_\_\_\_\_  
LAST FIRST M.I.

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License: \_\_\_\_\_ State: \_\_\_\_\_ SS#: \_\_\_\_\_

Demographics: (Circle one in Each Category)

Sex: Male Female

Marital Status: Married Never Married Separated Divorced

Ethnicity: African-American Caucasian Asian Hispanic Native American Other

Education:

How many years of school have you completed? \_\_\_\_\_

Highest grade level completed: GED/Diploma Associates Bachelors Masters Doctorate

What type of work have you been trained to do? \_\_\_\_\_

Are you presently employed in the type of work you have been trained to do? YES NO

Family/Dependents:

How many times have you been married? \_\_\_\_\_ How many children do you have? \_\_\_\_\_

How many dependents, other than yourself, are living with you? Adults \_\_\_\_\_ Children \_\_\_\_\_

Do you feel your drinking or drugs have contributed to family problems at any time in your life?

YES

NO

If YES, why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you hope to accomplish by attending this program? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature

Date

**BEE SERVICES, INC.**  
**BATTERING INTERVENTION AND PREVENTION PROGRAM (BIPP) INTAKE**

Location of Program: \_\_\_\_\_ Instructor: \_\_\_\_\_

Participant's Name: \_\_\_\_\_ Date Started: \_\_\_\_\_

What even happened to make you take this course? (Please provide in detail)

---

---

---

---

---

---

---

---

List any past incidents of violence towards the victim (include any sexual abuse).

---

---

---

---

What is the nature of current relationship with the victim?

---

---

---

---

---

Describe any incidents of abuse/neglect towards children:

---

---

---

---

Describe any substance use/abuse including alcohol:

---

---

---

Describe any other issue of abusive behavior (i.e. animal/pet abuse, threats of suicide or homicide; possession or use of weapons; stalking (including social media); blackouts; mental issues current or past:

---

---

---

---

---

List any current medications:

---

---

---

Instructor notes/comments:

---

---

---

---

BEE SERVICES, INC.  
1600 N. Interstate 35 east Suite 103 Carrollton, Texas 75006  
(214) 458-5000

---

## WRITTEN PARTICIPATION AGREEMENT

The Program administrator and/or facilitator shall provide a written participation agreement between administrator/facilitator and batterer. The agreement shall be reviewed with batterer at time of intake and/or orientation. A copy will be provided to the batterer at time of initial assessment. The agreement shall include the following obligations:

### PROGRAM PROVIDER:

1. The program will provide fair and humane treatment and services in a manner that batterers can understand;
2. Provide all batterers with complete copies of all written agreements;
3. A copy of limits of confidentiality;
4. A copy of criteria for exiting the program (including completion or termination);
5. Compliance with anti-discrimination laws and all applicable federal and state laws;
6. A report each month that an initial assessment is completed to the Community Supervision and Corrections Department (CSCD) or other referral source regarding attendance, level of group participation, level of accountability, and may include fee balances. Progress reports may be provided to CSCD or other referral sourced electronically;
7. A report within five (5) working days to the CSCD or other referral source of any known law violation, incidents of physical violence, and/or termination from this BIPP program;
8. A report to batterers regarding their status and participation, if requested;
9. A copy of the fee schedule and payment obligations requirements;
10. A copy of the participation grievance procedure.

### BATTERER:

1. Full cooperation with all group rules;
2. Full compliance with all written attendance policies;
3. Cessation of violent, abusive, threatening and controlling behaviors, including stalking and violations of any protective order;
4. Non-abusive, non-controlling, non-intimidating behavior toward other group participants, program facilitators and staff;
5. Agreement to be alcohol and drug free during all group sessions and when intervention services are provided;
6. Full compliance with all financial agreements made with the program;
7. This is a 24-group session course, with \$25 in fees (cash or money order) due at the start of each session. *24 weeks*
8. You may express feelings and opinions as long as they are not disruptive to the group;
9. You must participate and complete all group sessions, individual sessions (intake and one interview) and homework;

10. NO GUM, NO EXCEPTIONS!!! If you are caught with gum, you will be asked to leave the class with no refund for the missed class;
11. You must be on time. If you are late or do not come to class, you may be dropped from the program or required to attend additional individual or group sessions, which may include an additional fee;
12. You may only miss three (3) consecutive or a total of five (5) classes, any of which that are missed must be made up. If you miss more than three (3) consecutive or five (5) total classes, you will be discharged from the program and no refund will be given;
13. If you are discharged from this program for any reason and seek reinstatement, your previous attendance and fees will NOT be counted toward the next course;
14. If you are deemed (by the program administrator or any program facilitator) to be inappropriate for the group, you will be asked to attend individual sessions at \$40 per session until you are deemed group worthy. Your probation officer will be notified;
15. Smoking breaks will be permitted in designated areas;
16. Cell phones, blackberries, and all other electronic devices must be turned off during class or individual sessions;
17. No weapons of any kind are allowed in the facility or classroom, **NO EXCEPTIONS AND ZERO TOLERANCE!!!!!!**

**ACKNOWLEDGEMENT AND AGREEMENT**

I, \_\_\_\_\_, hereby acknowledge that I have read and fully understand the foregoing Written Participation Agreement for this BIPP Program and hereby affirmatively agree to comply with all of the rules, terms, conditions, and obligations, to attend all sessions as required, and to complete all assignments and to fully participate in all class discussions.

\_\_\_\_\_  
Batterer Signature

\_\_\_\_\_  
Date

I, \_\_\_\_\_, the authorized Program Administrator and/or Facilitator, hereby acknowledge that I have reviewed the foregoing Written Participation Agreement for this BIPP Program with the above named batterer, and I affirm that the program will comply with all terms, conditions, and obligations as contained herein.

\_\_\_\_\_  
Program Administrator/Facilitator

\_\_\_\_\_  
Date

BEE SERVICES, INC.  
1600 N. Interstate 35 east Suite 103 Carrollton , Texas 75006  
(214) 458-5000

**INDIVIDUAL BATTERER PLAN**

This plan is designed to address the particular needs of each Batterer in the program. It may be revised or supplemented at any time during the program, based upon the changing needs of the person.

**1. Individual Goals:**

a. What do you want to accomplish through participation in this program?

---

---

b. What are your short term goals (within the first 30 days of program participation)?

---

---

c. What are your mid term goals (within 90 days of program participation)?

---

---

d. What are your long term goals (upon completion of this program)?

---

---

**2. Recommendations to referral source** (i.e. probation officer, CPS case worker, attorney, etc.) for additional interventions in response to additional information or observed behavior:

---

---

---

---

3. Referrals to local organizations (parenting classes, life skills, etc.):

---

---

4. Dates of individual meetings:

Initial Intake/Orientation Conference: \_\_\_\_\_

30-Day Review: \_\_\_\_\_

90-Day Review: \_\_\_\_\_

Exit Interview: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

5. Concepts/Skills Learned: \_\_\_\_\_

---

---

6. Suggested Amendments/Supplements/Changes in Goals/Behavior: \_\_\_\_\_

---

---

7. Instructor Notes/Comments: \_\_\_\_\_

---

---

---

---

\_\_\_\_\_  
Batterer

\_\_\_\_\_  
Administrator/Facilitator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



BEE SERVICES, INC.  
1600 N Interstate 35 east Suite 103 Carrollton, Texas 75006  
(214) 458-5000

**BIPP PROGRAM SCHEDULE OF FEES**

This BIPP program is comprised of 24 weekly group sessions each lasting 90 minutes, plus an initial intake assessment and orientation conference, and any additional individual meetings as requested by the Program Administrator/Facilitator. The schedule of fees are as follows:

~~Initial Intake Assessment and Orientation Conference~~

~~Payment must be made in the form of cash or money order and is due at the beginning of the Intake/Orientation.~~

**\$25 Each Weekly Group Session**

• Payment must be in the form of cash or money order at the beginning of each group session.

If you miss more than three (3) consecutive (5) intermittent sessions, you will be terminated from the program.

If you are indigent or can provide proof of inability to pay, then at the sole discretion of the program administrator/facilitator (emphasis added), alternative payment arrangements may be considered. Inability to pay or alternative payment arrangement requests are considered on a case by case basis, and no other guarantees or rights are conferred by the granting of such requests.

If you are deemed unfit for group participation by the program administrator/facilitator, then you will be charged \$40.00 for each individual session provided until you are deemed fit to participate in group sessions.

**ABSOLUTELY NO REFUNDS PERIOD!!!**

**NOTICE:** If you are terminated from this program for any reason, and wish to reapply for admission, you must pay all fees in full, i.e. there are no carry overs.

No additional fees will be charged for individual meetings if requested by the program administrator/facilitator.

\_\_\_\_\_  
Batterer

\_\_\_\_\_  
Date

\_\_\_\_\_  
BIPP Program Administrator/Facilitator

\_\_\_\_\_  
Date



**Bee Services, Inc.**

**1600 n Interstate 35 east Carrollton, Texas 75006**

### CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I, \_\_\_\_\_ authorize BEE SERVICES, INC

To disclose to \_\_\_\_\_ the following information: Pre test/post test/attendance/Victim Notification

The purpose of the disclosure authorized in this is to: To the above Parties

I understand that all Offender Education Programs shall abide by and obtain any consent to disclosure required by applicable Federal and State laws regarding confidentiality of patient/client records including, as applicable and without limitation, 42 United States Code §290dd-2; 42 Code of Federal Regulations, Part 2, and Health and Safety Code, Chapter 611. I understand my records cannot be disclosed without my written consent unless otherwise provided for by the regulations. I also understand that I may revoke this consent in writing at any time except to the extent that action has been taken in response to it, and that in any event, this consent expires automatically, as follows.

End of Probation/one (1) year

(specification of the date, event, or condition upon which this consent expires)

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Participant

214.458.5000 (Office) / 972.243.3520 (Fax)

Email: [beeservicesinc@sbcglobal.net](mailto:beeservicesinc@sbcglobal.net) - Website: [www.BeeServicesInc.com](http://www.BeeServicesInc.com)

BEE SERVICES INC.  
1600 N Interstate 35 east Suite 103 Carrollton, Texas 75006  
(214) 458-5000

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I, \_\_\_\_\_ authorize Bee Services Inc to disclose to: TDCJ-CJAD personnel, Texas State Department of Health Services, Texas Department of Family and Protective Services, any medical or law enforcement personnel, or any other authorized Federal, State or Local Agency the following information: any and all case files/the possibility of imminent physical injury or harm to oneself or others/any possibility of incidents of child abuse or neglect, or abuse of the elderly or disabled.

The Purpose of the disclosure authorized in this is to the above parties  
I understand that all offender education programs shall abide by and obtain any consent to disclosure required by applicable and without limitation, 42 United States Code 290dd-2; 42 Code of Federal Regulations, Part 2 and Health and Safety Code, Chapter 611. I understand my records cannot be disclosed without my written consent unless otherwise provided by the regulations. I also understand that I may revoke this consent in writing at any time except to the extent that action has been taken in response to it.

Signature \_\_\_\_\_

Date \_\_\_\_\_



### BIPP PRE and POST – TEST

Client Name: \_\_\_\_\_

Date: \_\_\_\_\_

**PRE TEST:** We would like you to estimate how often these behaviors occurred during the 6 months BEFORE you began this program. Circle the appropriate letter to right of each statement.

**POST TEST:** We would like you to estimate how often these behaviors occurred during the 6 months you have been in the BIPP. Circle the appropriate letter to the right of each statement.

		1	2	3	4	5
PARTNER'S NAME		Never	Rarely	Occasionally	Frequently	Very Frequently
Score: PHYS: _____	PSYC: _____					
1	Called her a name and/or criticized her.	N	R	O	F	V
2	Tried to keep her from doing something she wanted to do (example: going out with friends, going to meetings).	N	R	O	F	V
3	Gave her angry stores or looks.	N	R	O	F	V
4	Prevented her from having money for her own use.	N	R	O	F	V
5	Ended a discussion with her and made the decision yourself.	N	R	O	F	V
6	Threatened to hit or throw something at her.	N	R	O	F	V
7	Pushed, grabbed or shoved her.	N	R	O	F	V
8	Put down her family and friends.	N	R	O	F	V
9	Accused her paying too much attention to someone or something else.	N	R	O	F	V
10	Put her on an allowance.	N	R	O	F	V
11	Used the children to threaten her (example: told her that she would lose custody or said you would leave town with the children.)	N	R	O	F	V
12	Became very upset with her because dinner, housework or laundry was not ready when you wanted it or done the way you thought it should be.	N	R	O	F	V
13	Said things to scare her (example: told her something "bad" would happen or threatened to commit suicide.)	N	R	O	F	V
14	Slapped, hit or punched her.	N	R	O	F	V
15	Made her do something humiliating or degrading (example: made her beg for forgiveness or ask your permission to use the car or do something.)	N	R	O	F	V
16	Checked up on her (example: listened to her phone calls, checked the mileage on her car, called her repeatedly at work.)	N	R	O	F	V
17	Drove recklessly when she was in the car.	N	R	O	F	V
18	Pressured to have sex in a way that she didn't like or want.	N	R	O	F	V
19	Refused to do housework or child care.	N	R	O	F	V
20	Threatened her with a knife, gun, or other weapon.	N	R	O	F	V
21	Told her she was a bad parent.	N	R	O	F	V
22	Stopped her or tried to stop her from going to work or school.	N	R	O	F	V
23	Threw, hit, kicked or smashed something.	N	R	O	F	V
24	Kicked her.	N	R	O	F	V
25	Physically forced her to have sex.	N	R	O	F	V
26	Threw her around.	N	R	O	F	V
27	Physically attacked the sexual parts or her body.	N	R	O	F	V
28	Choked or strangled her.	N	R	O	F	V

Administering Counselor: \_\_\_\_\_



MEDIA CONSENT FORM  
OFFENDER CONSENT FORM

I, \_\_\_\_\_ agree to be present/be interviewed by \_\_\_\_\_. I have voluntarily agreed to respond to participate in this interview/event without coercion from BEE SERVICES INC.

For participation at this event I agree to:

1. Not disclose the name or ANY identifying information that will compromise the victim's confidentiality.
2. Take accountability for my actions.
3. Not blame the victim, alcohol/drugs or other circumstances for my abusive behaviors.

In addition I agree to:

- For my full name to be used at the event or in the publication. Initial: \_\_\_\_\_
- My image can be used at the event or in the publication. Initial: \_\_\_\_\_
- I want to remain anonymous in the interview. Initial: \_\_\_\_\_

BEE SERVICES INC discussed the purpose of the interview or speaking engagement with me and informed me:

- About the program's community education policy as it relates to offenders speaking publicly.
- About the purpose of the interview or speaking engagement.
- That I will be accompanied by a staff member at the event or interview to ensure that will take responsibility for my actions and also will not compromise the victim's confidentiality.
- About the possible consequences of making public statements about my perpetration.

As the subject of an interview, I am not required to do anything I do not want to do, I have the right to be comfortable and to be treated fairly.

This waiver will expire on \_\_\_\_\_

Offender's Printed Name: \_\_\_\_\_

Offender's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Member's Printed Name: \_\_\_\_\_

Staff Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness's Printed Name: \_\_\_\_\_

Witness's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## VICTIM INFORMATION DATA FORM

Please Print NEATLY

Victim's Full Name: \_\_\_\_\_

Victim's Mailing Address: \_\_\_\_\_

City

State

Zip

Victim's Phone Number: \_\_\_\_\_

Victim's Email Address: \_\_\_\_\_

Victim's current contact information unknown

I, \_\_\_\_\_, do hereby certify under penalty of perjury that all statements made by me in this application are true and correct to the best of my knowledge, information and belief, further, I understand that in the event that I have knowingly and willfully made any false statements, I will be subject to punishment in accordance with all applicable laws and statutes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name



## SWORN STATEMENT

Please Print NEATLY

In the following statement I am acknowledging that I do not know the contact information of the victim/survivor for which I was referred to this program for services.

I, \_\_\_\_\_ attest that I do not know the contact information of  
Program Participant Name

\_\_\_\_\_  
Victim/Survivor Name

I have not had any contact with this person since

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name