# Notice of Re-engagement with Non-violence Programme - FVPP16

This form informs the Court a client has indicated an interest in re-engaging with the programme after the provider has filed a FVPP04 and informed the court the agency referral is closed. The notice of re-engagement must be filed within three months of the date of the last non-compliance session.

**Full current contact details of the respondent must be provided for this to be actioned.**

|  |  |  |  |
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| [ ]  | Attendance directed under the Family Violence Act 2018 | [ ]  | Attendance as part of pre-sentencing in the Criminal Court |

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|  |  |
| Client name: |       |
|  |  |
| Court Reference No.: |       |  |  |
|  |  |  |  |  |  |
| Contact details (including email): |       |
|  |  |
|  |  |  |  |  |  |
| Number of sessions previously agreed: |      | Number of sessions attended: |      |
|  |  |  |  |
| Date of last non-compliance: |       |  |
|  |  |

## Programme re-engagement: new assessment date agreed

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| The participant has indicated a willingness to re-engage with the programme: |
| [ ] [ ] [ ] [ ]  | In my opinion, the participant is motivated and should be given the opportunity to re-engage with the programme, and;the participant understands any court action on previous non-compliance may continue and;details of a new assessment session to settle terms of attendance have been agreed with the participant as below and a written copy of the appointment details has been given, to the participant and;The participant understands non-attendance at the next assessment session will result in further notices of non-compliance. |
| **Address where next assessment session will be held:** |
|       |
|  |  |
| **Date:** |       |

|  |  |
| --- | --- |
| **Time** |       |

 |       |
| Comments and rationale for re-engagement (and note if re-engagement occurred over the phone)  |
|       |

## Notices filed by provider

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| FVPP04 notices have previously been filed in relation to this referral. The respondent failed to attend on the following date(s): |
|  |  |  |  |  |  |
| Date: |       | Date: |       | Date: |       |

## Client to complete

*(Client to sign if re-engagement occurs in person. If re-engagement occurs over the phone, please note this under section A)*

My signature below shows that I have read, understood and accept these conditions, or that I have had them explained to me, and I accept them.

|  |  |
| --- | --- |
|  |  |
| Client’s full name |       |
|  |  |
| Signature: |  |
|  |  |
| Date: |       |  |
|  |  |

## Service provider and facilitator details

The information in this form has been completed by the approved facilitator named below

|  |  |
| --- | --- |
|  |  |
| Organisation name: |       |
|  |  |
| Facilitator name: |       |
|  |  |  |  |  |  |
| Date: |       |  |