# Assessment Outcome: agreed delay in settling - FVPP02C

Use this form when the service provider and a respondent to a protection order agree on a deferred date (maximum of three months) for completing the assessment to allow treatment with an alcohol and drug or mental health service.

If the client has been directed to attend pre-sentence from the Criminal Court, the provider must consult DV Programmes before agreeing to deferral to ensure court timeframes are not compromised.

Full details of the deferred appointment and contact details of the client must be recorded.

Non-attendance at the deferred assessment appointment will be treated as non-compliance with the direction and will be reported to the court.

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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.: |  | | |  |  |
|  |  |  |  |  |  |
| Full client contact details including email/phone & address: |  | | | | |
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| |  | | --- | | We completed the last assessment session on the following date: | |

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| Deferral of assessment completion or programme beginning (maximum of 3 months deferral)  *If the client has agreed to undertake treatment for alcohol and drugs or mental health before completing the assessment and beginning the domestic violence programme the following section of this form must be completed. If the client does not agree to the deferred terms, please use a FVPP02B.* |

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| The following section must be completed and signed by the client and facilitator: | | | | |
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| |  |  | | --- | --- | |  | I understand my assessment completion has been deferred until the following date and time to allow my attendance at other treatment, and | |  | I understand if I do not attend at the time below, or am absent without reasonable (agreed) grounds the provider will notify the court of my non-compliance and this may result in court action, and | |  | I agree to inform my service provider if there are any changes in my living situation. | |  | I understand that if my service provider has concerns about the safety of a protected  person, they must report this to the Registrar of the Court and this will be forwarded  to the Judge. | | |  | I understand that my service provider and its workers will keep information I share in confidence, except where:   * they believe that someone’s safety may be at risk * they are required to report attendance and participation levels to the referring  statutory agency (or agencies, in the case of a dual referral from Ministry of Justice  and Department of Corrections) * they are required by the court. | | |  | I understand that my service provider will adhere to the provisions of the Privacy Act, Oranga Tamariki Act and the Family Violence Act. | | |  | I understand the service provider may be audited under the terms of its contract, and  files may be accessed as part of this audit. I understand the audit process is focused  on the provider maintaining best practice, and any audit process will maintain my confidentiality. | | | | | |
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| Deferred programme assessment session details | | | | |
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| Address where next programme assessment session will be held: | | | | |
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| Date: |  | | Time: |  |
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| Details of other treatment/service/venue/timeframes and rationale for deferring programme: | | | | |
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## Client to complete

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.

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| Client’s full name |  | |
|  |  | |
| Signature: |  | |
|  |  | |
| Date: |  |  |
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## Service provider and facilitator details

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| Organisation name: |  | | | | | |
|  |  | | | | | |
| Facilitator name: |  | | | | | |
|  |  |  | |  |  |  |
| Signature: |  | | | | | |
|  |  | | | | | |
| Date: |  | |  | | | |
|  |  | | | | | |