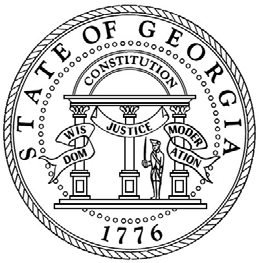
**FAMILY VIOLENCE INTERVENTION PROGRAM COMPLIANCE FORM**



Superior Courts

*State of Georgia*

COUNTY:

CASE NO:

, Respondent

The Respondent above has been adjudged by a lawful protective order issued in the above referenced case

number on the day of , 20 , at a.m./p.m. in the

County Courthouse at

to have violated the Family Violence Act, O.C.G.A. 19-13-1 *et seq*.,

by committing family violence.

THEREFORE, IT IS HEREBY ORDERED THAT:

* Pursuant to O.C.G.A. 19-13-16(a), the respondent must enroll in and complete a certified Family Violence

Intervention Program (FVIP) authorized and operated in accordance with O.C.G.A. 19-13-15. A list of

certified FVIPs has been provided to the Respondent by this Court. In addition, a complete list of certified

FVIPs is available at [www.gcfv.org](http://www.gcfv.org).

* ***Within 14 calendar days of receipt of this Order***, the Respondent must enroll in a certified FVIP. The

Respondent must present a copy of this form to the certified FVIP.

* Failure to enroll in and complete a certified FVIP may result in a Show Cause contempt hearing. A finding

of contempt may result in arrest and incarceration for noncompliance with this Order.

By signing this document I, . hereby acknowledge receipt of this

Order and FVIP information, and I agree to comply.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**Respondent Information**:

ADDRESS:

TELEPHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Judge