

**SEVENTH JUDICIAL CIRCUIT- COURT ADMINISTRATION**

**BATTERERS' INTERVENTION PROGRAM PROVIDER APPLICATION**

This application must be completed in its entirety if you wish to be considered for inclusion as a provider on the Seventh Judicial Circuit Court's Batters' Intervention Program Provider roster.

PROGRAM NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Pursuant to § 741.325, Florida Statutes, Batters' Intervention Programs must meet the following requirements:

- (a) The primary purpose of the program shall be victim safety and the safety of children, if present.
- (b) The Batterer shall be held accountable for acts of domestic violence.
- (c) The program shall be at least 29 weeks in length and include 24 weekly sessions, plus appropriate intake, assessment, and orientation programming.
- (d) The program content shall be based on a psycho-educational model that addresses tactics of power and control by one person over another.
- (e) The program shall be funded by user fees paid by the batterers who attend the program, which allows them to take responsibility for their acts of violence. An exception shall be made for local, state, or federal programs that fund batterers' intervention programs in whole or in part.

Please acknowledge the following (check all that apply):

- The program meets all of the above-listed statutory requirements.
- The program is appropriately licensed and insured. (Please provide copy of current license and insurance certificate)
- I am familiar with the practices and procedures of the Seventh Judicial Circuit and will abide by applicable administrative orders.
- I understand that the submission of an application does not guarantee placement on the roster.

I am interested in providing a Batters' Intervention Program in the following locations within the Seventh Judicial Circuit:

- FLAGLER     PUTNAM     ST JOHNS     EAST VOLUSIA     WEST VOLUSIA

**ATTESTATION**

I swear/affirm that the information supplied on this application and all documents provided are correct, that to the best of my knowledge I qualify as a Batterers' Intervention Program Provider as defined in section 741.325, Florida Statutes, and that I will notify in writing the chief judge or designee(s) for this judicial circuit of the following within 30 days of any such event: a) address change b) legal name change; c) change in contact information or any change in the status of a professional license or certification which I currently hold.

My signature reflects my understanding that I am signing this document under oath under penalty of perjury.

Signature \_\_\_\_\_ Date \_\_\_\_\_

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

Sworn to or affirmed and signed before me by \_\_\_\_\_

on \_\_\_\_\_.

\_\_\_\_\_

NOTARY PUBLIC or DEPUTY CLERK

\_\_\_\_\_

[Print, type, or stamp name of notary or clerk.]

\_\_\_\_\_ Personally known

\_\_\_\_\_ Produced identification

Type of identification produced \_\_\_\_\_

**Please submit applications to:  
Director of Court Services  
Seventh Judicial Circuit  
101 N. Alabama Ave., Suite B253  
DeLand, FL 32724**