



## Partner Contact Release Form

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

**Name of Incident Partner:** \_\_\_\_\_

Incident Partner Phone Number: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Incident Partner Address: \_\_\_\_\_

Is the incident partner your current partner? YES \_\_\_\_\_ NO \_\_\_\_\_

Are you living together? YES \_\_\_\_\_ NO \_\_\_\_\_

Is the incident partner the mother of your children? YES \_\_\_\_\_ NO \_\_\_\_\_

**Name of Current Partner:** (If different from incident partner) \_\_\_\_\_

Current Partner Phone Number: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Current Partner Address: \_\_\_\_\_

**Name of Former Partner with whom you have children:** \_\_\_\_\_

Former Partner Phone Number: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Former Partner Address: \_\_\_\_\_

The New Thresholds program requires that you allow Family Service to contact the individuals above for the following reasons:

1. To contact your (ex-) partner to introduce our programs and community services and encourage her to respond if she has questions or concerns.
2. To complete a pre and post group questionnaire as part of our program evaluation.
3. In the event that we have reason to fear for the safety of one of the above individuals.
4. To provide the date you begin attending New Thresholds group and the date you complete the program.

I authorize the New Thresholds program to disclose to the above named person(s) pertaining to my participation in the New Thresholds program, per the guidelines above.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
CPFV Staff Signature

\_\_\_\_\_  
Date