Lane County Circuit Court

921 Country Club Rd Ste 222

Eugene, OR 97401

125 E. 8th Ave, Eugene, OR 97401

**You have been ordered to contact CAFA to get enrolled in or evaluated for:**

□ Violence Intervention Program (DV 36 weeks) □Anger Management (36 Weeks)

□15 Week Parenting After Crisis □Online TIPS Parenting □Supervised Visitation

**\*\*You are required to complete the evaluation and all recommended services\*\***

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Case #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Attorney:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You must contact CAFA no later than: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

to be scheduled for your violence intervention program assessment or other program intake assessment. You are responsible for paying all treatment costs related to the program.

Contact CAFA at: Phone: 541-579-6265 (call, text, or leave a message)

\*\*If you are experiencing homelessness, bench probation paperwork packets are available for pick up in our front lobby.\*\*

Fax: 541-344-8239

Website: www.cafaweb.com

Email: [Samantham@cafaweb.com](mailto:Samantham@cafaweb.com)

**I understand that failure to report as required above will result in my case being returned to the court for further action.**

I hereby consent to the release of information regarding me to the Circuit Court of Lane County, CAFA, my attorney, and the Lane Co. DA’s office, by any agency to which I am assigned by court order or referred to by CAFA. I consent to the further release of this information by the Circuit Courts for Lane County, my attorney, and the Lane Co. DA’s office. The information that may be released includes, but is not limited to, information regarding attendance, payment of fees, evaluation, testing, counseling, education, medical and psychological matters, drug and alcohol use, and compliance or lack thereof with directions and recommendations of any such agency.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_