

**AFFIDAVIT AND APPLICATION FOR INCLUSION IN THE FIFTH JUDICIAL CIRCUIT
REGISTRY OF APPROVED BATTERERS' INTERVENTION PROVIDERS**

I, _____ [*Authorized Representative's name*], being duly sworn, hereby certify, swear and/or affirm that the following information is true and correct:

1. I am over 18 years of age, am *sui juris*, and am otherwise competent to make this affidavit.
2. I make this affidavit based upon my personal knowledge.
3. I am the _____ [*Title or Position through which affiant is authorized*] of _____ [*Legal Name of Batterers' Intervention Program provider*] (*BIP Provider*).
4. I have the authority to act on behalf of and to bind the BIP Provider.
5. The BIP Provider provides a batterer's intervention program course for individuals who have been ordered to attend a batterer's intervention program by the court.
6. I am aware that pursuant to s. 741.30(6)(a)5, Florida Statutes, when the court orders the respondent to participate in a batterers' intervention program, the court, or any entity designated by the court, must provide the respondent with a list of batterers' intervention programs from which the respondent must choose a program in which to participate. I am submitting this affidavit to have the BIP Provider placed on the list of eligible programs in the Fifth Judicial Circuit:

(Please provide the physical address and phone number of the facility)

_____	_____	_____
(address)	(county)	(phone)

Other location(s), if any:

_____	_____	_____
(address)	(county)	(phone)

_____	_____	_____
(address)	(county)	(phone)

7. I understand that I must have a physical place of business in at least one of the five counties in the Fifth Judicial Circuit (Citrus, Hernando, Lake, Marion or Sumter counties).

8. I understand that I must accept participants regardless of what county in the Fifth Circuit they reside and/or were court order to attend the program.

9. The BIP Provider program meets each of the following requirements:

(a) The primary purpose of the program is victim safety and the safety of children, if present.

(b) The batterer is held accountable for acts of domestic violence.

(c) The program is at least 29 weeks in length and includes 24 weekly sessions, plus appropriate intake, assessment, and orientation programming.

(d) The program content is based on the below-listed psychoeducational model that addresses tactics of power and control by one person over another.

Model Name or Description: _____

(e) The program is funded by a user fee to be paid by the batterers who attend the program, which allows them to take responsibility for their acts of violence. An exception is made for local, state, or federal programs that fund batterers' intervention programs in whole or in part.

10. The BIP Provider currently satisfies, and will continue to satisfy all criteria to be included on the list of batterer intervention programs, and that the BIP Provider should be included on the Court's list of providers.

11. I understand that the BIP Provider is responsible for continuously meeting the statutory requirements for batterers' intervention programs.

12. The Court may audit the BIP Provider's program as necessary to ensure compliance with the Florida Statutes. I understand that such audit may include a survey of participants of the BIP Provider's program, observation of actual program classes, and/or written or verbal requests for additional information. Failure to comply with these audit requirements and procedure will result in immediate removal from the Fifth Judicial Circuit registry of approved providers.

13. I understand that it is my responsibility to **IMMEDIATELY** notify the court if the BIP Provider no longer meets any of the statutory requirements. This notification must be sent to: BIP PROVIDER LIST c/o Lake County Courthouse, 550 West Main Street, Tavares, FL 32778 at which time the BIP Provider's name will be immediately removed from the court's list of providers.

14. I further understand that failure to notify the court when the BIP Provider is no longer in compliance with the statute may constitute fraud for which I and/or the BIP Provider may be subject to liability.

15. I understand that, if I no longer am employed by or represent the BIP Provider, I or the BIP Provider must contact the courts immediately and the BIP Provider must issue an affidavit by the new legal representative of the BIP Provider in order to remain on the list of eligible providers.

16. I understand that my inclusion on the Fifth Circuit Registry of Approved BIP may be rescinded by the Chief Judge or Administrative Judge of the Family Law Courts and Divisions of the Fifth Judicial Circuit at will.

I DECLARE UNDER PENALTY OF PERJURY, under the laws of the State of Florida, that the statements and facts indicated in this Affidavit are true and correct.

(Sign) _____ (Date) _____

Printed Name: _____

Address: _____

City, State, Zip: _____

E-mail Address: _____

STATE OF FLORIDA

COUNTY OF _____

Sworn to or affirmed and signed before me on _____, 20__ by
_____.

NOTARY PUBLIC or DEPUTY CLERK

[Print, type, or stamp commissioned name of
notary or deputy clerk]

___ Personally known

___ Produced identification

Type of identification _____