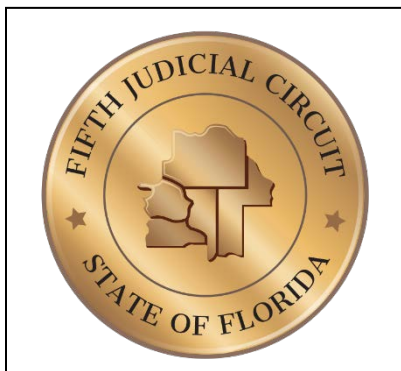


FIFTH JUDICIAL CIRCUIT OF FLORIDA BATTERERS' INTERVENTION PROGRAM PROVIDERS REGISTRY APPLICATION AND AFFIDAVIT



**INSTRUCTIONS: ANSWER ALL QUESTIONS
ACCURATELY, USING DARK INK OR TYPE.
PLEASE PRINT CLEARLY.**

BUSINESS INFORMATION:

NAME: _____
AUTHORIZED REPRESENTATIVE OF PROVIDER

NAME OF PROVIDER: _____

MAIN BUSINESS OFFICE

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____ FAX: _____

E-MAIL: _____

LENGTH OF TIME IN BUSINESS: _____

AFFIDAVIT

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 INDIVIDUAL 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, NAMED ABOVE, 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)
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OTHER PHYSICAL LOCATION(S), IF ANY:

(ADDRESS)	(COUNTY)	(PHONE)
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(ADDRESS)	(COUNTY)	(PHONE)
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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). I FURTHER UNDERSTAND EACH SESSION MUST BE ATTENDED BY PARTICIPANT IN PERSON AND VIRTUAL/ ELECTRONIC SESSIONS ARE NOT PERMITTED.

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.

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 IN WRITING 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 RELEVANT STATUTES AND ADMINISTRATIVE ORDERS 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. 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.

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.

17. I UNDERSTAND I AM REQUIRED TO SUBMIT A RENEWAL REQUEST TO THE MANAGER OF THE BATTERS' INTERVENTION PROGRAM REGISTRY EACH YEAR BY THE FIRST DAY OF JANUARY. I FURTHER UNDERSTAND FAILURE TO SUBMIT THE RENEWAL APPLICATION WILL RESULT IN IMMEDIATE REMOVAL FROM THE FIFTH JUDICIAL CIRCUIT'S BATTERS' INTERVENTION PROGRAM REGISTRY.

18. I HAVE READ AND AGREE TO ABIDE BY ALL THE PROVISIONS OF FIFTH JUDICIAL CIRCUIT ADMINISTRATIVE ORDER NUMBER: A-2020-2 AS IT CURRENTLY READS OR AS AMENDED OR REPLACED IN THE FUTURE.

**REMAINDER OF THIS PAGE LEFT BLANK INTENTIONALLY
ATTESTATION ON NEXT PAGE**

ATTESTATION

I SWEAR/AFFIRM THAT THE INFORMATION SUPPLIED ON THIS APPLICATION AND ALL DOCUMENTS PROVIDED ARE CORRECT, THAT TO THE BEST OF MY KNOWLEDGE THAT THE APPLICANT IS QUALIFIED TO PROVIDE SERVICES TO THE BATTERERS' INTERVENTION PROGRAM AND THAT I WILL NOTIFY IN WRITING THE FIFTH JUDICIAL CIRCUIT OF FLORIDA, OF THE FOLLOWING WITHIN THIRTY (30) DAYS OF ANY SUCH EVENT: (A) ADDRESS CHANGE; (B) LEGAL NAME ; (C) CHANGE IN FEES; (D) ANY CRIMINAL CONVICTION OF ANY OFFICER, DIRECTOR, OR PERSONNEL; OR ANY CHANGE IN THE STATUS OF ANY REQUISITE PROFESSIONAL LICENSE OR CERTIFICATION WHICH IS CURRENTLY HELD BY ANY OFFICER, DIRECTOR, OR PERSONNEL.

I UNDERSTAND THAT ANY OMISSIONS, FALSIFICATIONS, MISSTATEMENTS OR MISREPRESENTATIONS OF THE INFORMATION PROVIDED IN THIS APPLICATION, OR INFORMATION REQUIRED TO BE SUBSEQUENTLY PROVIDED, MAY BE GROUNDS FOR DISQUALIFICATION OR DISMISSAL AS A BIP SERVICE PROVIDER.

MY SIGNATURE REFLECTS THAT I AM A DULY AUTHORIZED SIGNATORY FOR THE APPLICANT AND MY UNDERSTANDING THAT I AM SIGNING THIS DOCUMENT UNDER OATH UNDER PENALTY OF PERJURY.

PRINTED NAME _____

DATE _____

SIGNATURE _____

STATE OF FLORIDA

COUNTY OF _____

SWORN TO OR AFFIRMED AND SIGNED BEFORE ME BY _____

THIS ____ DAY OF _____, 20 ____.

NOTARY PUBLIC

[PRINT, TYPE, OR STAMP NAME OF NOTARY]

____ PERSONALLY KNOWN

____ PRODUCED THE FOLLOWING TYPE OF IDENTIFICATION: _____