

DOMESTIC VIOLENCE BATTERERS'
COUNSELING PROGRAM

**COURT
REFERRAL
FORM**

Case No.: _____ Referral Date: _____

Courthouse: _____ Department: _____

Defendant: _____
(First Name) (Middle Name) (Last Name)

Home Address: _____
(Street) (Apt.#)

(City) (Zip Code) (Phone Number)

You have been ordered by the court to attend a 52 week Domestic Violence Batters' Program

You must be enrolled in the program and start the counseling within 21 days.

Program Provider: FAMILY HARMONY – ARMONIA FAMILIAR
Office Hours: Monday – Friday 9.00 a.m. -- 5.00 p.m.

Family Harmony operates several program sites in Los Angeles and Orange County. Counseling is offered in English and Spanish

PROGRAM NAME CITIES & ZIP CODES	PHONE NUMBERS & LANGUAGES
1AAA-Family Harmony/ Armonia Familiar	
• <u>Canoga Park</u> , CA 91306	(818) 787-7878 (English/Spanish)
• <u>Culver City</u> , CA 90230 **	(310) 837-1818 (English/Spanish)
• <u>East Los Angeles</u> , CA 90033	(323) 873-3113 (Spanish Only)
• <u>Los Angeles</u> , CA 90015 **	(323) 873-3113 (Spanish Only)
• <u>South Gate</u> , CA 90280**	(323)873-3113 (English/Spanish)
• <u>Van Nuys</u> , CA 91405 **	(818) 787-7878 (English/Spanish)
• <u>West L.A.</u> , CA 90064 **	(310) 479-8353 (English/Spanish)
• <u>Santa Ana</u> , CA, 92701	(310)479-8353 (English/Spanish)

**FAILURE TO COMPLY WITH THESE INSTRUCTIONS WILL
BE
REPORTED TO THE COURT**

Referring Agency: You must send a copy of this form to Family Harmony – Armonia Familiar. Fax to (310) 575-0500 or E mail to driversafteywestla@sbcglobal.net

Referring Agency: _____

Prosecutor: _____ Phone: _____

Family Harmony- Armonia Familiar operates several locations in Los Angeles and Orange County. It is approved to offer specific services by the Los Angeles County Probation Department, Los Angeles District Attorney, L.A. City Attorney and District Attorney of Orange County