

IN THE CIRCUIT COURT OF THE
EIGHTEENTH JUDICIAL CIRCUIT
OF FLORIDA

ADMINISTRATIVE ORDER NO.:
15-22 AMENDED
SUPERSEDES 15-22

**IN RE: DOMESTIC RELATIONS – EIGHTEENTH JUDICIAL CIRCUIT BATTERERS’
INTERVENTION PROGRAM**

WHEREAS, section 741.325, Florida Statutes, establishes the requirements batterer’s intervention programs must meet in order to be included on the circuit court’s list of batterers’ intervention programs, pursuant to section 741.30(6)(a)5, Florida Statutes;

NOW, THEREFORE, in order to facilitate the efficient operation of the administration of justice, and pursuant to the authority vested in me as Chief Judge of the Eighteenth Judicial Circuit of Florida under Florida Rule of Judicial Administration 2.215,

IT IS HEREBY ORDERED as follows:

In order to be included on the 18th Judicial Circuit’s list of batterers’ intervention programs, such program must provide to Court Administration in Brevard County, 2825 Judge Fran Jamieson Way, Viera, FL 32950 or Seminole County, 301 N. Park Avenue, Suite 301, Sanford, FL 32771 the following:

1. The program schedule;
2. Program content;
3. Fee schedule, including sliding scale or reduced fee options;
4. Locations where programs are offered;
5. Contact information;
6. The program model, and if it is other than the Duluth Model, proof that the model is accepted by the domestic violence prevention community as an effective model; and
7. A completed “Affidavit to be placed on the Batterers’ Intervention Program Provider List in the 18th Circuit” (Attachment A).

All batterers’ intervention programs currently on the 18th Judicial Circuit list of batterers’ intervention programs shall have 30 days from the date of this order to submit the required information identified above to remain on the list.

Any changes to the information provided by a batterers' intervention program in 1 through 7 above, must be provided to the Court Administration in Brevard County or Seminole County immediately.

DONE AND ORDERED this 24th day of November, 2015.

JOHN D. GALLUZZO
JOHN D. GALLUZZO
CHIEF JUDGE

Distribution:

All Circuit and County Judges (Brevard and Seminole Counties)
Court Administration (Brevard and Seminole Counties)
Clerk of Court (Brevard and Seminole Counties)
State Attorney (Brevard and Seminole Counties)
Public Defender (Brevard and Seminole Counties)
Sheriff (Brevard and Seminole Counties)
Bar Association (Brevard and Seminole Counties)
Law Library (Brevard and Seminole Counties)
SEMINOLE DTD 12-2-15 OR BOOK 8591 PAGES 776-779

**Eighteenth Judicial Circuit – Court Administration – Brevard & Seminole Counties
Batterers' Intervention Program Provider 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 741.30(6)(a)5, Florida Statutes, when the court orders the respondent to participate in a batterer's 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 in order to have the BIP Provider placed on the list of eligible programs in the 18th Judicial Circuit Court.
7. 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 in the amount of _____ 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.
8. Except in cases of actual conflict of interest, the BIP Providers cannot reject a referral on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status.
9. The BIP Provider currently and will continue to satisfy all criteria to be included on the list of batterer's interventions programs, and that the BIP Provider should be included on the Court's list of providers.
10. I understand that the BIP Provider is responsible for continuously meeting the statutory requirements for batterer intervention programs.

11. 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. The BIP Provider will fully cooperate with any efforts to conduct such audit.
12. 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 the Court Administration office in Brevard or Seminole County, at which time the BIP Provider's name will be immediately removed from the court's list of providers.
13. 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.
14. 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 or the BIP Provider in order to remain on the list of eligible providers.

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

(Name) (Date)

Printed Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Email address: _____

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this ____ day of _____, ____.

by _____ (name of person making statement).

(Signature of Notary Public – State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)
(NOTARY SEAL)

Personally Known OR Produced Identification

Type of Identification Produced: Driver's License: _____ Other: _____