

Domestic Violence Offender Management Board
Division of Criminal Justice
Colorado Department of Public Safety
700 Kipling Street
Denver, CO 80215
Fax: 303-239-4223
Tel: 303-239-4528
1-800-201-1325

QUESTIONNAIRE

For the purpose of revising the *APPROVED PROVIDER LIST of Domestic Violence Offender Treatment Providers*, the following information is requested. (Providers may be listed up to four times--at the maximum.)

Please fill in (completely and legibly) all current information below and fax this questionnaire to 303-239-4223. No cover sheet is necessary--it will arrive directly into our unit.

PLEASE TYPE OR PRINT CLEARLY

Your name: _____

What is your current listing with DORA? _____

Cell phone number (if possible): _____

E-mail is the most cost-effective and efficient way to communicate with you. Please provide your email address below.

Please list languages (other than English) in which you provide dv treatment. _____

Please list for #1 AGENCY (below) your **PRIMARY** office where you wish correspondence to be mailed to you:

#1 AGENCY: _____

Mailing Address: _____

City County Zip

Phone Number: _____ Fax Number: _____

Judicial District # _____

The mailing address I have listed above is my *home* address and should not be posted on the Approved Provider List.

Please list up to three *other* offices where you provide dv treatment:

#2 AGENCY: _____

Address: _____

City County Zip

Phone Number: _____ Fax Number: _____

Judicial District # _____

#3 AGENCY: _____

Address: _____

City County Zip

Phone Number: _____ Fax Number: _____

Judicial District # _____

#4 AGENCY: _____

Address: _____

City County Zip

Phone Number: _____ Fax Number: _____

Judicial District # _____