

**IN THE CIRCUIT COURT OF THE SIXTEENTH JUDICIAL CIRCUIT
KANE COUNTY, ILLINOIS**

Case No. _____

Plaintiff(s)/Petitioner(s)	Defendant(s)/Respondent(s)	
FROM: <input type="checkbox"/> Community Crisis Center Elgin, IL (847) 697-2380 <input type="checkbox"/> Family Counseling Service Aurora, IL (630) 844-2662 <input type="checkbox"/> Other _____		File Stamp

**DOMESTIC VIOLENCE EVALUATION
REPORT TO COURT**

Your Honor,

On _____ (date) the Defendant/Respondent was evaluated for participation in the Domestic Violence Counseling Program by:

Community Crisis Center Elgin, IL

Family Counseling Service Aurora, IL

Other _____

It is recommended that the Defendant/Respondent be ordered to attend this twenty-six (26) week counseling program subject to: _____

It is not recommended that the Defendant/Respondent attend this twenty-six (26) week group counseling program for the following reasons: _____

Defendant/Respondent has failed to submit to a Domestic Violence Evaluation pursuant to the Order of this Court.

Defendant/Respondent has failed to contact this office within five (5) business days.

This report is for Court on _____ .

Date: _____

Respectfully Submitted, _____