

**Ninth Judicial Circuit – Court Administration – Orange & Osceola Counties  
Batterers’ Intervention Program Provider Affidavit and Application for Inclusion in the  
Ninth Judicial Circuit Registry of Approved Batterers’ Intervention Program Providers**

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, having full legal rights or capacity, 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 section 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 Ninth Judicial Circuit Court.

(Please provide the physical address and phone number of the facility)

(address)	(county)	(phone)
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Other 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 two counties in the Ninth Judicial Circuit (Orange or Osceola county).
8. I understand that I must accept participants regardless of what county in the Ninth Circuit they reside and/or were court ordered 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 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.
10. 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. In providing services the BIP Provider must comply with the Americans with Disabilities Act and provide reasonable accommodations for disabled participants.
11. 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.
12. I understand that the BIP Provider is responsible for continuously meeting the statutory requirements for batterer intervention programs.
13. 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. The BIP Provider will fully cooperate with any efforts to conduct such audit. Failure to comply with these audit requirements and procedure may result in immediate removal from the Ninth Judicial Circuit registry of approved providers.
14. 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: BIP PROVIDER LIST c/o Court Administration, Orange County Courthouse, 425 North Orange Avenue, Suite 2130, Orlando, Florida 32801, at which time the BIP Provider's name will be immediately removed from the court's list of providers.
15. 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.

16. I understand that if I no longer am employed by or represent the BIP Provider, I or the BIP provider must contact the Court 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.
17. I understand that my inclusion on the Ninth Circuit Registry of Approved BIP may be rescinded by the Chief Judge or Administrative Judge of the Family Law Courts and Divisions of the Ninth Judicial Circuit at will.

**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: \_\_\_\_\_

**Please submit applications to:**  
BIP PROVIDER LIST c/o  
Court Administration, Orange County Courthouse  
425 North Orange Avenue, Suite 2130, Orlando, Florida 32801