**Six Month Program Report for**

**Legal Service Providers to Victims of Family Violence**

**FY 2022**

# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Agency*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Tax ID Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Project Title

[ ] July - December Report [ ] January - June Report

Check all quarterly payments received from AOC [ ] 1st [ ] 2nd [ ] 3rd [ ] 4th

Send report to:

Administrative Office of the Courts of Georgia

244 Washington Street, S.W., Suite 300

Atlanta, Georgia 30334-5900

Phone (404) 656-5171 Email: grants@georgiacourts.gov

**Project Narrative and Analysis for Period**

|  |  |  |  |
| --- | --- | --- | --- |
| **Project Objectives**  **Outlined in Grant Application** | **Status**  **(C) Completed**  **(I) In Progress**  **(D) Delayed** | **Barriers** | **Anticipated Completion Date** |
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**Uniform Success Measures During the 6 Month Period**

**I. Type of Clients\*:**

Number

Women

Race:

African-American \_\_\_\_\_\_\_\_\_\_\_\_

Asian/Pacific \_\_\_\_\_\_\_\_\_\_\_\_

Caucasian \_\_\_\_\_\_\_\_\_\_\_\_

Hispanic/Latino \_\_\_\_\_\_\_\_\_\_\_\_

Other \_\_\_\_\_\_\_\_\_\_\_\_

Total Number of Women Assisted: \_\_\_\_\_\_\_\_\_\_\_\_

Children

Race:

African-American \_\_\_\_\_\_\_\_\_\_\_\_

Asian/Pacific \_\_\_\_\_\_\_\_\_\_\_\_

Caucasian \_\_\_\_\_\_\_\_\_\_\_\_

Hispanic/Latino \_\_\_\_\_\_\_\_\_\_\_\_

Other \_\_\_\_\_\_\_\_\_\_\_\_

Total Number of Children Assisted: \_\_\_\_\_\_\_\_\_\_\_\_

Men

Race:

African-American \_\_\_\_\_\_\_\_\_\_\_\_

Asian/Pacific \_\_\_\_\_\_\_\_\_\_\_\_

Caucasian \_\_\_\_\_\_\_\_\_\_\_\_

Hispanic/Latino \_\_\_\_\_\_\_\_\_\_\_\_

Other \_\_\_\_\_\_\_\_\_\_\_\_

Total Number of Men Assisted: \_\_\_\_\_\_\_\_\_\_\_\_

***\*Client = direct beneficiary of legal services funded by grant funds (ex. Mother with 2 children = 1 client if mother is represented by attorney).***

**II. Direct Legal Services to Clients\*\***

Number

Protective Order (not initial TPO) \_\_\_\_\_\_\_\_\_\_\_\_

Medical/Access to Healthcare \_\_\_\_\_\_\_\_\_\_\_\_

Child Custody \_\_\_\_\_\_\_\_\_\_\_\_

Family/Child Support \_\_\_\_\_\_\_\_\_\_\_\_

Housing Issues \_\_\_\_\_\_\_\_\_\_\_\_

Employment Issues \_\_\_\_\_\_\_\_\_\_\_\_

Property \_\_\_\_\_\_\_\_\_\_\_\_

Public Benefits/TANF \_\_\_\_\_\_\_\_\_\_\_\_

Financial/Consumer \_\_\_\_\_\_\_\_\_\_\_\_

Education \_\_\_\_\_\_\_\_\_\_\_\_

Divorce \_\_\_\_\_\_\_\_\_\_\_\_

Other (Please Specify) \_\_\_\_\_\_\_\_\_\_\_\_

***\*\* Also complete services by judicial circuit worksheet***

**III. Household Members Indirectly Benefitting from Services\*\*\*:**

Number

Women \_\_\_\_\_\_\_\_\_\_\_\_

Children \_\_\_\_\_\_\_\_\_\_\_\_

Men \_\_\_\_\_\_\_\_\_\_\_\_

***\*\*\*Ex. Mother with 2 children (mother represented by attorney) = 2 children benefiting from services***

**IV. Cost:**

Average cost per client $\_\_\_\_\_\_\_\_\_\_\_\_\*\*\*\*

***\*\*\*\*Cost per client = Average amount of grant funds used for legal services per actual client; each service for the same client does not equal a “new client”).***

Average cost per protective order $\_\_\_\_\_\_\_\_\_\_\_\_\*\*\*\*\*

***\*\*\*\*\*Cost per client = Average amount of grant funds used for per protective order.***

**V. Financial Benefits Obtained:**

Total amount of financial benefits secured for clients: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VI. Repeats and Referrals:**

Number

Repeat Clients \_\_\_\_\_\_\_\_\_\_\_\_

(File Closed and Client Returns)

Clients referred from

Georgia Legal Services or Atlanta

Legal Aid \_\_\_\_\_\_\_\_\_\_\_\_

Clients referred to

Georgia Legal Services or Atlanta

Legal Aid \_\_\_\_\_\_\_\_\_\_\_\_

**These numbers are accurate to the best of my knowledge and reflect this agency’s use of state funds for victims of family violence.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Director’s Signature**

**Tax ID #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**