

## **MEDIATION SCREENING QUESTIONNAIRE**

This questionnaire is a tool we use to give you an opportunity to inform us of any fears you may have because of past or present violence, or threats of violence in the family. The information we receive will assist us in providing you with a safe environment for a successful mediation session.

Mediation can be an extremely powerful tool that allows you to express your opinions clearly while teaching you new communication skills that will benefit both you and the other party. However, we realize to successfully express your feelings, you first must feel safe and secure during the mediation process. As a result of honestly answering all the questions in this form, we will be better prepared to help you in your situation.

Please think about these questions and write out brief answers for us to look at before your mediation appointment. If you have any fears about filling out this form, please just bring the form with you to your pre-mediation screening appointment and we can easily talk about your concerns at that time.

**\*\*YOUR ANSWERS TO THESE QUESTIONS WILL BE KEPT STRICTLY CONFIDENTIAL AND WILL NOT BE SEEN BY THE COURT, ATTORNEYS, OR THE OTHER PARTY.\*\***

Thank you for your time in completing this form. We believe that if you and the other party keep an open mind and attempt to work towards a resolution, your mediation experience will be a successful one that resolves many areas of disagreement that you and the other party may have.

Very truly yours,

Mediation Coordinator

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

Is there any reason for you to be afraid of the other party in this case? **YES / NO**

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Has the other party ever threatened you or your children with physical violence? **YES / NO**

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Has the other party ever used any type of physical force towards you or your children? (i.e. hitting, pushing, choking, kicking, etc.) If yes, explain in detail including dates. **YES / NO**

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Has the other party ever prevented you from leaving a situation when you wanted to? **YES / NO**

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Has there been any physical violence due to the use of drugs or alcohol? **YES / NO**

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Has anyone ever suggested that you or the other party should attend anger management classes or receive help for drug or alcohol abuse? **YES / NO**

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Have you ever called the police to protect you or your children from the other party? **YES / NO**

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Have you or the other party ever been convicted of domestic violence or a related offense? If yes, please list who, when, what Court and if they are on probation or parole: **YES / NO**

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Have you ever had a restraining order against the other party? If yes, please tell me when and if it is still in effect. **YES / NO**

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Have you ever stayed in a shelter to protect yourself or your children from the other party? If yes, please tell me when. **YES / NO**

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Are you scared to answer any of these questions for any reason? If yes, why? **YES / NO**

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Has the other party ever threatened to keep or harm the children or any other friends or family members if you did not cooperate with them? **YES / NO**

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What kind of body language signs does the other party exhibit if they are angry, upset, or stressed?

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What kind of body language signs do you exhibit if you are angry, upset, or stressed?

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If you begin to feel uncomfortable during the mediation, would you be able to ask the Mediator for a break or ask to speak to the Mediator in private? **YES / NO**

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Do you or the other party ever have problems controlling your emotions when you get angry, upset or stressed? **YES / NO**

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**\*\*\*If there is anything else you would like to tell the Mediator about your situation, please use the remaining space at the bottom of this page or space on the back.**

Henry County Mediation Screening Questionnaire