

Case name: \_\_\_\_\_ Case number: \_\_\_\_\_

Date of entry of Order of Referral to Mediation: \_\_\_\_\_

Name of mediator: \_\_\_\_\_ Phone number: \_\_\_\_\_

**CONFIDENTIAL DOMESTIC VIOLENCE SCREENING  
FOR REFERRAL TO MEDIATION**

**Note: If you are represented by an attorney, you may seek your attorney's help in completing this form. Submission of this completed form to the mediator constitutes a confidential communication. For an explanation of a confidential communication, refer to the Domestic Relations Mediation Information Sheet. This form and the information in it is for the mediator *only* and will not be shared with anyone else, including the other party, judge or any attorneys involved in the case.**

**Please return this completed form to the mediator.**

1. Have you ever filed a request for an Order of Protection involving your spouse or the other party, or has anyone ever filed an Order of Protection against you? If yes, please state if the Order of Protection was granted or denied. If granted, state the case number, location of court proceedings, expiration date of the order, and the names of all the parties protected under the Order.

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2. Do you have any fear of being alone with or meeting with your spouse/partner? If so, please explain your concerns?

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3. Have you and your spouse/partner ever had an argument that resulted in a physical confrontation? If yes, please describe.

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4. Has your spouse/partner ever threatened you or made you fear for your physical safety? If yes, please explain.

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5. Do you have any concerns about participating in the mediation? If so, briefly explain your concerns and whether there is anything that would make you feel safer to be able to participate in the mediation.

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6. Do you feel you are ready to begin working with your spouse/partner to mediate the issues that remain unresolved? If not, briefly explain why not.

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7. Were you afraid to answer any of these questions? If yes, briefly explain why or discuss with the mediator.

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Date: \_\_\_\_\_

Signature

Screened by: \_\_\_\_\_ Date screened: \_\_\_\_\_