

## **MEDIATION SCREENING QUESTIONNAIRE**

This questionnaire is a tool I use to give you an opportunity to inform me of any fears you may have because of past or present violence, or threats of violence in the family. The information I receive will assist me 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, I 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, I will be better prepared to help you in your situation.

Please think about these questions and write out brief answers for me to look at before your mediation appointment. If you have any fears about filling out these forms, feel free to call my office. We can easily talk about your concerns over the phone, or we can set up a brief meeting before your mediation.

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

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

Very truly yours,

Kimberly Stump Combs  
Magistrate/Mediator  
Greene County Domestic Relations Court

Your Name: \_\_\_\_\_

1). Is there any reason for you to be afraid of the other party?

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2). Has the other party ever threatened you or your children with physical violence?

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3). Has the other party ever used any type of physical force (hitting, pushing, choking, kicking, etc.) towards you or your children? If yes, please explain with some detail. If you remember dates include them in your answer.

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4). Has your partner ever prevented you from leaving a situation when you wanted to?

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5). Has there been any physical violence in your relationship because of drugs or alcohol? Please explain using some detail.

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6). Has anyone ever suggested that you or the other party should attend anger management classes or receive help for drug/alcohol abuse?

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7). Have you ever called the police to protect your or your children from the other party?

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8). Have you, or the other party, ever been convicted of domestic violence or a related offense?

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9). Have you ever had a restraining order against the other party? If yes, please tell me when, and if it is still in effect.

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10). Have you ever stayed in a shelter to protect yourself, or your children, from the other party? If yes, please tell me when.

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11). Are you scared to answer these questions for any reason? If you are, please tell me why.

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12). 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?

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13). Please explain any fears you may have about mediating in the same room with the other party?

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14). Would it make you feel more comfortable to mediate your situation in separate rooms?

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15). How will I know if the other party is angry or upset during the mediation?

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16). How will I know if you are feeling angry or upset during the mediation?

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17). If you begin to feel uncomfortable during mediation, will you be able to ask for a break, or ask to talk to me in private?

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18). Do you or the other party ever have problems controlling your emotion when you get upset or angry?

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\*\*\*If there is anything else you would like to tell me about your situation, please feel free to write it in the remaining space below. Thanks again for your time and consideration.