



Mediation Screening

Name: _____

Date: _____

Case No. _____ Judge/Magistrate: _____

I am the: Mother Father Other: _____

1. Does the other party have a history of behaving in a violent/threatening manner toward you, a household member, or child? Yes No
2. Has the other party been arrested for acts against you, a household member, or child such as domestic violence, menacing, assault or violation of a court Order? Yes No
3. Has the other party been determined to be a person responsible for an abusive act that determined a child as an abused or neglected child? Yes No
4. Will you feel unsafe discussing issues related to your child(ren) with the other party in the presence of a mediator, with security available? Yes No
5. Has the other party seriously injured and/or caused harm to you, a household member, or child? Yes No
6. Do you have any emotional or physical conditions that impair your ability to remain seated for two (2) hours? Yes No
7. Are any Healthcare professionals or Agencies involved with your case or family? Yes No
8. Have you ever called the police, requested a Protection Order, or sought help for yourself as a result of abuse from the other party? Yes No
9. Do you believe you will be able to communicate with the other party on an equal basis in mediation? Yes No

Continue to next page.

If you have answered yes to any of the above, please explain below and/or share any Issues/Concerns:

Court Staff Use Only. Reminder: Update Saber with Assessment Note.

APPROVED DENIED Screener Initials: _____