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Domestic Violence Screening Questions

Name: _____ Other Party: _____

I. PRELIMINARY REPRESENTATIONS

Statement/ Representation	Initial or Check
I am able to make decisions regarding mediation and this Matter freely.	
I can be truthful during the mediation process and provide full disclosure without being afraid or endangered.	
I am aware that mediation is a voluntary process. I can withdraw from mediation at any time, even during a mediation session, without retribution from the other party.	
I understand that any mediated agreement or resulting MOU or settlement agreement must be agreed to voluntarily.	
I am not cognitively or emotionally impaired (e.g., suffering from severe depression) in any way that affects my ability to mediate.	
I do not lack capacity to make meaningful decisions because of drug or alcohol abuse.	
There is not an Emergency, Interim or Plenary Order of Protection between myself and the other party.	
There is not any present or past physical abuse between myself and the other party.	

If you did not initial or check any of the above boxes, please explain (use additional pages if necessary):

II. SUPPORT SYSTEMS AND COMMUNITY

A. Who do you turn to in times of stress or trouble for support?

Name	Relationship	How Long Have You Known Them?

B. What kind of support system do you have?

C. What are the significant organizations, community activities, hobbies or recreational activities in which you are involved?

D. If you have been married before or had children with another partner, describe your relationship with those individuals.

E. Was it hard for you to have relationships with friends or relatives because your partner disapproves of, argues with, or criticizes them?

No Yes

F. Did your partner make it hard for you to keep a job or go to school?

No Yes

III. RELATIONSHIP DYNAMICS

A. How long were you involved in a relationship with the other party?

B. How long did you live together, if applicable?

C. Who handled the finances?

Me My Partner

D. How were major decisions made in the relationship?

E. Do you have any concerns about your children during visitation?

No Yes

If yes, please describe:

F. Is there any reason you would be concerned about being in the same room with your partner?

No Yes

If yes, please describe:

G. Why is the relationship ending?

H. What are some of the most difficult issues that you are facing today?

IV. DISAGREEMENTS AND/OR VIOLENCE BETWEEN THE PARTIES

A. Has your partner ever put his hands on you against your will, or forced you to do something you did not want to do?

No Yes

If yes, please describe:

B. Has your partner ever forced you to have sex when you did not want to, or made you do sexual things that made you feel uncomfortable?

No Yes

C. Has your partner ever hurt your pets?

No Yes

D. Does your partner throw or break things during arguments?

No Yes

E. Has your partner ever destroyed your things?

No Yes

F. Have you ever needed to call the police for protection?

No Yes

G. Have you ever sought an order of protection against your partner?

No Yes

H. Have you ever stayed at a domestic violence shelter or left home for your safety?

No Yes

I. When you and your opposing party disagree or when you are angry with your opposing party and/or your children, how does that disagreement and/or anger express itself? Who is doing what to whom? Answer for both you and your opposing party. If neither of you has EVER engaged in a behavior, put N/A for not applicable. But if a behavior has occurred even once, please share with me.

Shifting/ Loud Voice:	
Name Calling:	
Threats of Physical Harm:	
Threats of Suicide:	
Other Kinds of Threats- What is their Content?	
Blocking Exit:	

Spitting:	
Throwing/ Breaking Objects:	
Shoving:	
Hair Pulling:	
Grabbing Around Neck:	
Knocking to Ground:	
Kicking:	
Displaying a Weapon:	
Threat or Attempt to Kill:	

V. MEDIATION DYNAMICS

A. Do you want to mediate?

No Yes Not Sure

B. Do you have any concerns about your ability to “stand up” to the opposing party in mediation? If so, how will the mediator know you are having difficulty?

C. Is there anything else that would affect the mediation not yet addressed in the questions above?

D. Would you like to have a phone call, Zoom or in-person meeting with someone from the mediation clinic prior to the mediator to discuss any concerns outlined in this questionnaire?

No Yes Not Sure

SIGNATURE

I represent that the above answers are true and accurate:

Signature: _____ Date: _____

*Return the intake form to P.O. Box 647, Shelbyville, IL 62565 or
info@illinoismediation.net*