

Domestic Relations Screening Form (Tier II)

Name:

County:

Case No:

Screener Name:

Date of Screening:

1. Review Tier I Questions. [] Completed

2. Do you know what mediation is and why it has been ordered in your case? **Yes** **No**

3. What happens when you speak your mind and express your point of view to the other party?

4. Has the other party ever denied you the right to access family resources such as money, transportation, a phone, etc.? **Yes** **No**

- If “yes”, please describe:

5. a. Are you afraid of disagreeing with opposing party? **Yes** **No**

- If “yes”, what happens when you disagree?

b. Would you feel able to disagree with the opposing party if the two of you were in separate rooms and the mediator worked with you one-on-one? **Yes** **No**

6. Has the opposing party discouraged you from spending time with friends and family? **Yes** **No**

7. a. Has the other party ever sent you repeated e-mails, calls, social media contacts or other unwanted communication after you asked him/her/them to stop? **Yes** **No**

b. Has the other party monitored your communication, social media, or your whereabouts? **Yes** **No**

- If “yes”, please explain:

8. Have you ever cancelled a temporary protective order or allowed one to expire against the other party?

Yes **No**

9. Has the other party interfered with your ability to speak to an attorney or other advocate? **Yes** **No**

10. Has the other party discouraged you from working, accepting promotions, going to school, and being independent in general? **Yes** **No**

- If “yes”, how so?

11. Has the other party ever hit, strangled, pushed, or slapped you? **Yes** **No**