

CLIENT INTAKE FORM

Best practice is to ask questions in a face-to-face or phone interview with clients. If that is not possible, then each client should answer these questions separately in a private setting without input from the other parent. THIS INFORMATION WILL BE KEPT CONFIDENTIAL with the exception that mediators will report abuse or maltreatment of minors or vulnerable adults.

	YES	NO
1. Are you concerned about the emotional and/or physical safety for you or your children while they are with the other parent?	_____	_____
2. Have you ever feared you would not have access to your children?	_____	_____
3. Do you have any concerns regarding the use of alcohol or drugs in your family?	_____	_____
4. Has there ever been an Order for Protection/DANCO in place between you and your (ex)partner? How long is that in effect? _____	_____	_____
5. Have you ever filed a harassment/restraining order against the other parent?	_____	_____
6. If yes, was that order on behalf of the children?	_____	_____
7. Do you feel you were an equal partner in your relationship?	_____	_____
8. Has there ever been any physical confrontation between you and your partner?	_____	_____
9. If so, were the children present at the time?	_____	_____
10. Do you have any concerns about being in the same room with your (ex) partner during mediation?	_____	_____
11. If you answered yes to question 10, please answer the following:		
a. Do you fear for your physical safety?	_____	_____
b. Are you concerned about discussing issues safely in mediation?	_____	_____
c. Do you understand what "shuttle" mediation is?	_____	_____
d. Do you fear for your safety coming and going to mediation?	_____	_____
12. Are you currently afraid that your (ex)partner may physically harm you?	_____	_____
13. Does your (ex)partner threaten to harm you or your children?	_____	_____
14. Do you have any fear about answering these questions?	_____	_____

[OVER}

15. If your(ex)partner has ever harmed you, please answer the following questions. Has your partner ever:
- yelled at you? _____
 - slapped you? _____
 - pushed you? _____
 - grabbed you? _____
 - shook you? _____
 - punched you? _____
 - hit you? _____
 - kicked you? _____
 - choked you? _____
 - threatened you with a weapon? _____
 - forced you to have sex? _____
 - hurt the family pet? _____
16. Have any of these ever been done to the children? _____
17. Has your (ex)partner ever stopped you from leaving? _____
18. Has your (ex)partner every taken the children and refused to let you see them? _____
19. Has your (ex)partner every broken your things? _____
20. Has physical violence has occurred in the last six months? _____
21. Does your (ex)partner have access to weapons? _____
22. Has your (ex)partner every used or threatened to use weapons against you? _____
23. Do you currently have control over your finances? _____
24. Has your (ex)partner ever tried to convince you that you are mentally ill? _____
25. Does your (ex)partner ever yelled at you or make negative comments about you in front of the children? _____
26. Does your (ex)partner call you on the phone and harass you or anyone close to you? _____
27. Do you have family members or friends you will support you during mediation? _____
28. Have you ever had to call the police to keep your partner from harming you or the children? _____
29. Are you ready to begin working with the other parent to develop a parenting plan and/or resolve issues about your children? _____
30. Is there any additional information you want the mediator(s) to know? Please use a separate sheet as needed. _____