

5. SAFETY INFORMATION *Please check Yes or No regarding issues in your relationship with the other party.*

YES **NO**

- 1. There has at some time in our relationship been domestic violence between the parties.
- 2. There has been domestic violence in the past year
- 3. There has been a FAPA Restraining Order in effect in the past year
- 4. There is a No Contact Order (in a criminal case) between the parties
- 5. One of us was charged with assault or harassment against the other in the past year
- 6. I feel afraid of or controlled by the other party
- 7. I prefer an initial individual session
- 8. Drug and/or alcohol abuse is a factor in the current conflict
- 9. Mental health issues are a factor in the current conflict
- 10. Child abuse and/or neglect is a factor in the current conflict
- 11. A child abuse report has been made in connection with the current conflict and/or parties
- 12. I prefer not to meet in the same room with the other party

**6. INFORMATION ABOUT OTHER PEOPLE CONNECTED TO YOUR CASE
(INCLUDE YOUR MINOR CHILDREN)**

Name	Relationship to Me	Date of Birth	In Physical Custody of:	In Legal Custody of:

7. LEGAL INFORMATION

Most Recent Legal Filing Type: Dissolution/Divorce Legal Separation Annulment
 Filiation/Paternity Custody/Support Parenting Time Enforcement
 Modification of _____ None/None Yet

Most Recent Filing Date: _____ Was a Response filed to the Petition? Yes No Unknown

Court Case Number: _____ Next Court Date: _____

If you have been referred or /ordered by the court to receive our services:

Ordered Referred Date: _____ Judge: _____

8. CASE ISSUES *Please check each of the issues you would like to discuss in mediation.*

Custody Parenting Time Child Support Spousal Support Property Division/Financial Issues

Other: _____ How can we be of help to you? _____

