



**FAMILY COURT SERVICES SCREENING**

	<b>YES</b>	<b>NO</b>
1. Have you ever feared that you would not have access to your children?	_____	_____
2. Do you have any concerns about the children's emotional or physical safety when with the other parent?	_____	_____
3. Have you or the other parent had contact with Child Protective Services or Juvenile Justice?	_____	_____
4. Have periods of physical placement ever extended beyond scheduled times without the mutual consent of both parents?	_____	_____
5. Did the other parent ever frighten or intimidate you by making threats, following you around, or harassing you on the phone?	_____	_____
6. Did the other parent ever do anything to physically hurt you, such as slapping, grabbing, shoving, kicking, punching, or the likes, even if it didn't leave any marks or you didn't report it?	_____	_____
7. Did the other parent ever use a weapon such as a gun, knife, or car to threaten or to injure you?	_____	_____
8. Have the police ever been called as a result of an argument between you and the other parent? If yes, when was the last police contact?	_____	_____
9. Has the other parent ever prevented you from contacting the police?	_____	_____
10. Do you currently have a Domestic Abuse or Harassment Restraining Order in effect? If yes, when does it expire? _____	_____	_____
11. Have you ever had a Domestic Abuse or Harassment Restraining Order against the other parent that has expired?	_____	_____
12. Have you or the other parent ever been charged with a crime? <u>If yes, please attach details with dates.</u>	_____	_____
13. Have you or the other parent ever been convicted of a crime? <u>If yes, please attach details with dates.</u>	_____	_____
14. Do you have concerns about your safety when you exchange your children?	_____	_____
15. Do you have concerns about your safety when coming to or leaving the Family Court Services office for a mediation session?	_____	_____

Completed by: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Signature of Parent