**PDRC SCREENING FORM – DOMESTIC RELATIONS CASES**

 **For Mediator Use Only
DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CASE#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PETITIONER RESPONDENT**

Your relationship to the child/children in this case today:
Mother\_\_\_ Maternal/Grandmother \_\_\_ Grandfather \_\_\_ Aunt \_\_\_ Uncle \_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Father \_\_\_ Paternal/ Grandmother \_\_\_ Grandfather \_\_\_ Aunt \_\_\_ Uncle \_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If “yes” for Mother or Father**: How long were you married or in a relationship?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long ago did you separate? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Divorced? Yes \_\_ No\_\_
Names and ages of child/children involved in this case: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do **you** have other child/children? Yes \_\_ No \_\_ Names and Ages:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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**Three questions regarding the child/children in this case today:**

Are you concerned about the child/children’s physical or emotional well-being at this time? Yes\_\_\_No\_\_\_

(Does he/she seem angry, confused, sad, sick, etc.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In your opinion, is the other party keeping or wanting to keep the child/children away from you? Yes\_\_ No\_\_\_

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Have you ever suspected that the child/children was/were physically or sexually abused, neglected

or lacked in adult supervision? Yes\_\_\_No\_\_\_

**Questions regarding you and the other party:**

Are there any concerns for abuse of alcohol, misuse of prescription drugs or use of illegal drugs? Yes\_\_\_ No\_\_\_

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Has there ever been any physical violence (destroying property, pushing, shoving, slapping, restraining, throwing objects, etc.) between the parties? Yes\_\_\_ No\_\_\_

If yes, when and why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Were the police called? Yes\_\_\_ No\_\_\_ Was anyone charged with a crime?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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Has there ever been a Protective Order involving you and the other party in this case? Yes\_\_ No\_\_\_

If yes, when \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and with whom? Mother\_\_\_\_ Father\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_

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Has there ever been an Assault & Battery charge involving you and the other party in this case? Yes\_\_ No\_\_\_

If yes, when \_\_\_\_\_\_\_\_\_\_\_\_\_\_ and with whom? Mother\_\_\_\_ Father\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_

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Has a weapon ever been used or displayed in a threatening manner between you and the other party? Yes\_\_ No\_\_

Have there been any threats of physical harm by the other party toward you? Yes\_\_ No\_\_

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Has there been any emotional abuse or verbal abuse between you and the other party? Yes\_\_\_ No\_\_\_

Is there currently any emotional or verbal abuse between you and the other party? Yes\_\_ No\_\_\_

Are there any **diagnosed** (by a doctor) mental or emotional health concerns for you or the other party?

 Yes\_\_\_\_ No\_\_\_ Unknown\_\_\_\_\_\_

Have there been any homicidal or suicidal threats or attempts by you or the other party? Yes\_\_\_ No\_\_\_ Unknown\_\_ If yes, briefly explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you often give the other party what he/she wants in order to avoid conflict? Yes\_\_\_ No\_\_\_

Has the other party tried to get back at you (been vengeful, spiteful) when you got your way in a matter regarding the child/children? Yes\_\_\_ No\_\_\_

Would you **feel guilty** asking for what you want or need in this case? Yes\_\_\_ No\_\_\_

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Would you be **willing** to openly discuss the issues of this court case with the other party and participate in mediation to try and resolve this case? Yes\_\_\_ No\_\_\_

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Briefly tell us what you would want to happen with this case: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Mediation is a free service to you provided by the Supreme Court of Virginia. They collect statistics on the people served. Please provide the following information. Your name and/or other personal information will not be reported to them. *Thank you.*

Employment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Wages/Salary:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of people in household: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Receiving TANF? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Active DCSE case or application?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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Mediator Notes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Rev. 1/13/21