

PDRC SCREENING FORM – DOMESTIC RELATIONS CASES

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: For how long were you married or in a relationship?_____

How long ago did you separate? _____ Divorced? Yes ___ No___

Do **you** have other children? Yes ___ No ___ Names and Ages:_____

Three questions regarding the child/children in this case today:

Are you concerned about the child’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 away from you? Yes___ No___

Have you ever suspected that the child was physically or sexually abused, neglected or has 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___

Has there been any physical violence (destroying property, pushing, shoving, slapping, restraining, throwing objects, etc.) between the parties? Yes___ No___ If yes, when?_____

Were the police called? Yes___ No___ Was anyone charged with a crime? Yes___ No___

Has there ever been a Protective Order between you and the other party in this case? Yes___ No___

Has there ever been an Assault & Battery charge involving you and the other party in this case?

Yes___ No___ If yes, with whom? Mother___ Father___ Other_____

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___

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: _____

Are you **willing** to openly discuss the issues of this court case with the other party? Yes___ No___
If no, would you be willing if a mediator were present? Yes___ No___

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(ren)? Yes___ No___

Would you **feel guilty** asking for what you want or need in this case? Yes___ No___

Are you **concerned** that the other party is trying to hurt you legally, emotionally, physically or financially right now? Yes___ No___

Would you like to participate in mediation with a mediator to try and resolve this case? Yes___ No___

Mediator Notes: _____

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

Best day(s) of week and time(s) to mediate: _____

Employment: _____ Wages/Salary: _____

Number of people in household: _____