

Mediation Questionnaire on Domestic Violence

We want to make your mediation session a successful and safe experience for you. This questionnaire will help us design your session in the best way to meet your needs. Please take a few moments to complete it and send it back to your mediator. All of your answers are confidential and will only be seen by your mediator. The mediator will not share any of your answers with the other party or judge. **If you do not feel comfortable answering these questions, check the box on the bottom of this page and return the form.** Thank you in advance for taking the time to fill out this questionnaire. When completed, please return this questionnaire to your mediator by mailing it with your payment for mediation.

1. What results would you like to see from mediation?

2. What issues do you think will be the most difficult for you and the other party to resolve?

3. During mediation, will you be able to speak openly, and safely express your needs, opinions, and concerns in front of the other party? *Please circle one* Yes No
If you circled no, please use the space below to tell us more about why you feel this way.

4. Will you feel pressured to act or speak in a certain way when the other party is present during mediation?
Please circle one Yes No

5. Do you have concerns about sitting in the same room with the other party?
Please circle one Yes No

If you circled yes, please tell us about those concerns.

6. Do you have any fear for your own safety or the safety of others during your mediation session?
Please circle one Yes No

7. Are you afraid or worried about the other party's reaction during mediation?
Please circle one Yes No

8. Do you have concerns about what might happen when you are coming to or leaving mediation, or once the mediation session is over?
Please circle one Yes No

9. Do you have any concerns about the safety of the children?
Please circle one Yes No

If you circled yes, please list your concerns below.

Please fill out the checklist on the other side of this questionnaire.

In the chart below, please place a check mark next to any of the behaviors/actions that the other party has used against you.

TYPE OF BEHAVIOR OR ACTION	PLACE CHECK MARKS IN THIS BOX	COMMENTS <i>use this space to provide information that you want the mediator to know about how or when the behavior/action was used against you.</i>
Glaring/Staring		
Name Calling		
Blocking Path/Not Allowing you to Move Freely or to Leave		
Following, trailing, spying, watching, and/or stalking		
Harassing you outside the home and/or by phone		
Controlling money and/or not supporting basic needs		
Hinting that violence is possible/Making Threats		
Threatening to take the children, not returning them after a visit, or not letting you see the children		
Threatening to harm family (with violence or death)		
Threatening to commit suicide		
Threatening to injure/kill or injuring/killing animals/pets		
Using violence/intimidation of others		
Using alcohol and/or other drugs		
Isolating from friends, family, faith institutions, etc.		
Using other types of psychological/emotional harm		
Throwing things or destroying personal objects		
Punching or kicking walls, doors, etc.		
Breaking toys/personal items		
Damaging your car: slashing tires, keying, breaking windows, etc.		
Pushing/shoving, grabbing, and/or pulling hair		
Restraining, pushing to the ground and/or pinning to the ground/bed/etc.		
Scratching/gouging, slapping, and/or spitting		
Kicking, punching, and/or biting		
Choking/Strangling		
Strangling to unconsciousness		
Attacking/hitting		
Leaving bruises, cuts, scratches, swelling		
Hurting you with the car: dangerous driving, hitting with car		
Using weapons to hurt or threaten you – e.g. knife, gun or ANY object used as a weapon		
Using other physical and/or sexual violence		

If you do not feel comfortable answering these questions, please check this box.

If the other party never used these types of behaviors or actions against you, please check this box.

Please return this completed questionnaire to your mediator by mailing it with your payment for mediation.

For information on services for victims of domestic violence, call **TESSA's Main Office: 719-633-1462 or Crisis Line: 719-633-3819**. **TESSA** offers victims of domestic violence confidential information and referrals, emergency shelter, crisis intervention, counseling, support groups, and safety planning. For more information about **TESSA** or to speak with a confidential advocate, please call.