

Family Court Services
Client DV Information Sheet

Name: _____ Case Number: _____

Today's Date: _____ Mediation Date: _____ Attorney's Name: _____

It is common that parents have disagreements and arguments. The following questions describe a range of different behavior problems. Please circle ONE answer for each question. These questions are about the behavior of the father or mother of your children.

1. Uses insults and swears during communication about the child(ren).
a) Most of the time b) Often c) Sometimes d) Rarely e) Never
2. Refuses to talk about any parenting issue.
a) Most of the time b) Often c) Sometimes d) Rarely e) Never
3. Threatens to hit you.
a) Never b) Once c) Twice d) Three times e) Over four times
4. Pushes, grabs, shoves, slaps, hits, kicks, chokes, bites, burns, or throws things.
a) Never b) Once c) Twice d) Three times e) Over four times
5. Threatens you with a knife, a gun, an automobile or other dangerous object.
a) Never b) Once c) Twice d) Three times e) Over four times
6. Forces you to have sex.
a) Never b) Once c) Twice d) Three times e) Over four times
7. Causes you to have bruises, scrapes, broken bones, or permanent injuries.
a) Never b) Once c) Twice d) Three times e) Over four times
8. Fires a gun or uses a knife or other dangerous object in anger or when upset.
a) Never b) Once c) Twice d) Three times e) Over four times
9. Threatens to kill you, himself/herself, or the children.
a) Never b) Once c) Twice d) Three times e) Over four times
10. The violent behavior first occurred on (date) _____
and the last incident occurred on (date) _____.

If any party alleging domestic violence in a written declaration under penalty of perjury or a party protected by a protective order so requests, the mediator will meet with the parties separately and at separate times.

FAMILY VIOLENCE: (If the answer to any of these questions is YES, please briefly explain)

Within the last 5 years, have there been any incidents of domestic violence between yourself and the other party, or between yourself and the child, or the other party and the child? Yes ☐ No ☐

Have you or the other party ever been arrested for domestic violence or a child abuse related incident?

Yes ☐ No ☐

Date: _____ County: _____

Name of party: _____

Is there a restraining order in effect, and has it been obeyed? Yes ☐ No ☐

Date: _____ County: _____

Are you protected by, or subject to a restraining order involving any other party? Yes ☐ No ☐

Date: _____ County: _____

Are you or the other party currently on probation or parole for a family violence offense? Yes ☐ No ☐

Date: _____ County: _____

Name of party: _____

Are you or the other party attending, supposed to attend, or previously attended or completed a treatment program for domestic violence issues? Yes ☐ No ☐

Date: _____ County: _____

Name of Party: _____

Name of Program: _____

Please explain further below:
