

Family Court Services\DOMESTIC VIOLENCE ASSESSMENT FORM\
SAFETY CONCERNS

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This intake page is about domestic violence between you and the other parent. The court has special rules that apply to cases involving domestic violence. Please use this form to alert us as to any concerns regarding domestic violence and safety by answering the questions below.

Do you have a restraining order or protective order now?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Have you had a restraining order or protective order in the past?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Do you feel safe mediating with the other parent?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Are you and the other parent residing together?	<input type="checkbox"/> NO	<input type="checkbox"/> YES

Date of separation if applicable: _____

Have you experienced any of the following: (please check)

- | | |
|--|---|
| <input type="checkbox"/> Yelling/Name calling | <input type="checkbox"/> Choking, strangling, smothering |
| <input type="checkbox"/> Verbal threats of violence | <input type="checkbox"/> Pushing, shoving |
| <input type="checkbox"/> Threats involving guns, knife, other weapon | <input type="checkbox"/> Forced sex |
| <input type="checkbox"/> Breaking/throwing things | <input type="checkbox"/> Slapping, hitting, kicking, biting |
| <input type="checkbox"/> Hurting pets | <input type="checkbox"/> Other _____ |

How frequently did you experience domestic violence?	Were children present? Child name: _____
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Describe the most recent incident of abuse:	Were children present? Child name: _____
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Describe past incidents of abuse:	Were children present? Child name: _____
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Are you concerned about future domestic violence?

Please check any that apply:

- | | |
|---|--|
| <input type="checkbox"/> Were police called to incidents of DV? | <input type="checkbox"/> Did you seek medical attention? |
| <input type="checkbox"/> Were police reports made? | <input type="checkbox"/> Does the other parent possess weapons? |
| <input type="checkbox"/> Were there arrests or convictions? | <input type="checkbox"/> Do you have a plan to protect yourself? |
| <input type="checkbox"/> Were reports made to child protective service? | <input type="checkbox"/> Is mental health a concern? |
| <input type="checkbox"/> Is drug/alcohol abuse a concern? | |