

ARKANSAS ACCESS AND VISITATION MEDIATION PROGRAM QUESTIONNAIRE

1. Have the parties attended mediation through the Access and Visitation Mediation Program previously? Yes No

PLEASE NOTE: ONCE PARTIES HAVE PARTICIPATED IN THE AV PROGRAM, THEY ARE INELIGIBLE TO PARTICIPATE A SECOND TIME.

2. Is there a court order for mediation? _____ (If so, please attach a copy to questionnaire.)

CASE HEADING: _____ **DOCKET#** _____

COUNTY: _____ **JUDGE:** _____

3. Name, address and telephone number of each party:

<p><u>PLAINTIFF</u> _____</p> <p>Address _____</p> <p>City, State, Zip _____</p> <p>Telephone _____</p>
<p>Is this person the <input type="checkbox"/> CUSTODIAL parent or the <input type="checkbox"/> NON-CUSTODIAL parent?</p>
<p><u>DEFENDANT</u> _____</p> <p>Address _____</p> <p>City, State, Zip _____</p> <p>Telephone _____</p>
<p>Is this person the <input type="checkbox"/> CUSTODIAL parent or the <input type="checkbox"/> NON-CUSTODIAL parent?</p>

4. Name, address and telephone number of each attorney:

<p>Plaintiff's Attorney _____</p> <p>Address _____</p> <p>City, State, Zip _____</p> <p>Telephone _____ FAX: _____</p> <p>EMAIL _____</p>
<p>Defendant's Attorney _____</p> <p>Address _____</p> <p>City, State, Zip _____</p> <p>Telephone _____ FAX: _____</p> <p>EMAIL _____</p>

5. Has an **Attorney Ad Litem** been appointed in this case? _____
Name: _____ Telephone: _____

6. Please list your top three (3) preferences for mediator from the current Access & Visitation Certified Roster. If no preference, please indicate.
1st Choice _____
2nd Choice _____
3rd Choice _____

I HAVE NO PREFERENCE

Please note: Per AV Program Policy, in addition to the chosen mediator, AV Mediations may also be attended by an AV "Mediator in Training." The trainee will not conduct the mediation, but may assist the mediator, at the mediator's discretion. Trainees are bound by confidentiality and applicable program rules in the same way as certified mediators.

7. What are the main issues to be mediated? _____

8. What is the marital status of the parties?
 Never Married to Each Other Separated from Each Other
 Married to Each Other Divorced from Each Other

9. Has either parent remarried? Yes No
If so, Whom? _____

10. Name and date of birth for each child involved in this case:
Name _____ DOB: _____
Name _____ DOB: _____
Name _____ DOB: _____
Name _____ DOB: _____
Name _____ DOB: _____

(If more space is needed, please use NOTES section on last page)

11. What is the current visitation schedule? _____

Please note: Per our Federal Grant mandate, cases in which there is a court order for true Joint Physical Custody are not eligible for AV Mediation Services. There must be a non-custodial parent listed for a case to be considered for the AV Program.

12. Are any of the children mentally or physically challenged? Yes No
If yes, please briefly explain: _____

13. Is anyone else living in the household (i.e. grandparents, other relatives, etc.?) Yes No
If Yes, Please list: _____

14. **FEDERAL REQUIREMENT:** Program participants must indicate their race or ethnicity by checking the appropriate box. *This is strictly for data purposes and will remain confidential.*

<u>PLAINTIFF</u>	
<input type="checkbox"/>	American Indian/Alaskan Native
<input type="checkbox"/>	Asian
<input type="checkbox"/>	Black or African American
<input type="checkbox"/>	Hispanic or Latino
<input type="checkbox"/>	Native Hawaiian or Other Pacific
<input type="checkbox"/>	White
<input type="checkbox"/>	Two or More Races

<u>DEFENDANT</u>	
<input type="checkbox"/>	American Indian/Alaskan Native
<input type="checkbox"/>	Asian
<input type="checkbox"/>	Black or African American
<input type="checkbox"/>	Hispanic or Latino
<input type="checkbox"/>	Native Hawaiian or Other Pacific
<input type="checkbox"/>	White
<input type="checkbox"/>	Two or More Races

15. **FEDERAL REQUIREMENT:** Program participants must designate their net income by checking the appropriate box. *This is strictly for data purposes and will remain confidential.*

<u>PLAINTIFF'S INCOME</u>	
<input type="checkbox"/>	Less than \$10,000 annually
<input type="checkbox"/>	\$10,000 to \$19,999 annually
<input type="checkbox"/>	\$20,000 to \$29,999 annually
<input type="checkbox"/>	\$30,000 to \$39,999 annually
<input type="checkbox"/>	\$40,000 and over annually

<u>DEFENDANT'S INCOME</u>	
<input type="checkbox"/>	Less than \$10,000 annually
<input type="checkbox"/>	\$10,000 to \$19,999 annually
<input type="checkbox"/>	\$20,000 to \$29,999 annually
<input type="checkbox"/>	\$30,000 to \$39,999 annually
<input type="checkbox"/>	\$40,000 and over annually

A. Are you employed? Yes No If No, What is the source of your income?

B. What is your **NET** income (after taxes and deductions) per pay period? _____

C. How often are you paid? (circle one) weekly bi-weekly monthly semi-monthly
other (please explain) _____

D. List the total number of people living in your household (including yourself)
whom **YOU** support? _____

PLEASE NOTE: THE FOLLOWING THREE PAGES OF THE AV QUESTIONNAIRE MUST BE COMPLETED BY THE PARTY REQUESTING MEDIATION SERVICES, NOT THEIR ATTORNEY.

The goal of mediation is for you and the other party to work together to try and reach an agreement on some or all of the issues in your case. All agreements are voluntary. The mediator’s role during mediation will be to help you reach agreement, not to make a decision on the issues or to take sides. For mediation to be successful, those participating must be able to talk with one another and either agree or disagree without being fearful or intimidated. Before the parties attend mediation, we ask them to provide background information and to complete this **confidential** intake form. Please answer the following background questions to the best of your ability, as they will help to determine whether mediation is appropriate for your case.

- 16. What would you like to see as an outcome of mediation? _____

- 17. What parenting plan or arrangements do you think would work best for your family? _____

- 18. Do you have any questions or concerns about *how* you and the other party will make decisions in the mediation? _____

- 19. Is there anything that you feel that you can’t say in front of the other party? _____

- 20. Are the two of you able to talk to each other without arguing? _____

- 21. Are you able to speak without the other party becoming angry or intimidating? _____

- 22. Are you afraid that the other party will not let you talk or verbally attack you at the mediation or sometime later? _____

- 23. Are you afraid to be in the same room with the other party? _____

If yes, If your attorney was present with you during the mediation session, would you still have these concerns? _____

24. Are you afraid that the other party will harm you during the mediation or after you leave because of what you say in the mediation? _____

25. Are there any past or present allegations of violence or abuse between the parties? _____

26. Has the other party ever threatened to hurt you? _____

27. Has the other party ever destroyed your property? _____

28. Do you have reason to believe or have reasonable suspicion that any person (including yourself) attending the mediation session will bring a weapon? _____

29. Do you have reason to believe or have reasonable suspicion that any person (including yourself) has ever been arrested for or convicted of a violent crime? _____

30. Is there currently an Order of Protection in place between the parties? _____
Name of Court issuing Order: _____
Comments: _____

31. Do you have any concerns about the safety of the children? _____

32. Are there any allegations of past or present emotional, physical or sexual abuse or neglect of the children? Yes No
If yes, what is the nature of the allegation(s)? _____

If yes, have the allegations been investigated by DHS? Yes No
What was the outcome of the DHS investigation? _____

33. Have your children ever been taken into protective custody by the police, Department of Human Services (DHS/DCFS), or the court? Yes No
If yes, please briefly explain: _____

34. Have there been any catastrophic or traumatic events occurring in your family within the past 12 months? Yes No If yes, please briefly explain: _____

35. Are there safety issues or concerns that you would like to discuss with the mediator privately prior to the mediation session? _____

36. Is there anything else you think the mediator should know about you, the other party, or your family? _____

ADDITIONAL NOTES/COMMENTS:

My signature below indicates that all of the information provided in this questionnaire is true and correct.

_____ Date: _____

SIGNATURE OF PARTY REQUESTING AV MEDIATION SERVICES

PRINTED NAME OF PARTY REQUESTING MEDIATION SERVICES