

<p>STATE OF MICHIGAN St. Clair County 31st CIRCUIT COURT</p>	<p>DOMESTIC VIOLENCE SCREENING</p>	<p>CASE NO. and JUDGE</p>
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Your name: _____ Date: _____
First, middle, and last name

Our goal is to provide a safe environment for families with a friend of the court case. We often meet with both parents. However, there are times bringing both parents together may not be appropriate. Your answers to the following questions will help us determine whether both parents can meet together in a safe environment. The information you provide can only be viewed by judges, referees, and friend of the court staff. It cannot be viewed by the other parent or his or her attorney, and it cannot be used in any court proceedings. Please answer the following questions to the best of your ability.

1. Do you feel safe around the other parent? yes no If no, please explain: _____

2. Is there currently or has there ever been a personal protection order or a no contact order limiting contact between you and the other parent? yes no If yes, please explain and include when and where:

3. Is there currently or has there ever been a personal protection order or a no contact order issued against the other parent or you by someone else? yes no Unknown about other parent If yes, please explain and include when and where:

4. Have the police been called to your home or involved in any incidents in the past year between you and the other parent? yes no If yes, please describe: _____

5. Have you or the other parent been arrested in the past year? yes no

If yes, please describe: _____

6. Have you ever felt unsafe around the other parent? yes no

If yes, please explain: _____

7. Is there currently or has there ever been child protective (abuse/neglect) actions involving you and/or the other parent in Michigan or any other state or country? yes no unknown about other parent

If yes, please explain: _____

8. Do you have any concerns about discussing issues regarding your children in front of the other parent? yes no

If yes, please explain: _____

9. Are you afraid that the other parent will harm or pressure you during or after a friend of the court meeting because of what is discussed in the meeting? yes no If yes, please explain _____

10. Do you have any concerns about sitting in the same room with the other parent? yes no

If yes, please explain: _____

11. Do you think you can speak up for yourself in a friend of the court meeting if the other parent is also present?

yes no If no, please explain: _____

12. Has the other parent ever made you feel threatened or harassed? yes no

If yes, please explain: _____

13: Is there anything not already discussed that would prevent you from participating in a friend of the court meeting with the other parent? yes no If yes, please explain: _____

Your safety is important, so please contact us to discuss any safety concerns you may have and what can be done to address your concerns.

Date

Signature