

NEW YORK STATE UNIFIED COURT SYSTEM
DIVISION OF PROFESSIONAL AND COURT SERVICES



OFFICE OF ADR PROGRAMS

NYC FAMILY COURT CUSTODY AND VISITATION MEDIATION
SCREENING TOOL

Screener Introduction: The purpose of this interview is to determine whether or not your case is appropriate for mediation. Whatever you say to me (as the screener for this program) in the course of the this interview is confidential. That means that I cannot share any of this information with either the judge that referred your case here or the other party in this case. There are a few exceptions to confidentiality, however, one of which includes allegations of child abuse or neglect. Once I've interviewed you and the other party, I will destroy this screening tool and it will no longer remain a part of our records. Do you have any questions?

Mediation means meeting face to face in the same room with X and a mediator and talking about the concerns that brought you to court. A mediator is not a judge and will not make a decision if you and X cannot agree. Mediation is voluntary, which means that you don't have to participate in this mediation and you can stop the process at any time; you also don't have to agree to anything. Mediation is confidential (like this screening), with one of the exceptions being an allegation of child abuse or neglect. We will not share anything said during the mediation with the Judge.

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	1. Do you think you would feel comfortable in this situation, discussing subjects that are important to you (including subjects like those in the petition)?
<input type="checkbox"/>	<input type="checkbox"/>	a. Is there anything you would not want to discuss? If yes, please explain:
<input type="checkbox"/>	<input type="checkbox"/>	2. Have you ever had a case in court before? If yes: a. What kind of case was it? b. Against whom? c. In what court(s)?
<input type="checkbox"/>	<input type="checkbox"/>	3. Are there any orders of protection between you and <u>X</u> ? (Ask to see any orders of protection)
<input type="checkbox"/>	<input type="checkbox"/>	a. Did you ever have one? If yes, when?

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	<p>b. Has the order of protection ever been violated?</p> <p>c. Why did you need it?</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>4. Have you ever had an occasion to call the police or have the police ever come to your home? If yes, please explain:</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>5. How would you describe your relationship with <u>X</u>?</p> <p>a. Have you and <u>X</u> ever lived together?</p> <p>b. When did you separate?</p> <p>c. Why did you separate?</p> <p>d. With whom do the children live?</p> <p>i.) Have the children always lived with the person they live with now? If no, please explain:</p>
		<p>6. Describe the responsibilities of each parent with regard to the children:</p>
		<p>7. What are the areas of agreement regarding the children?</p>

Yes	No	
		8. How are the decisions made regarding the children?
		9. What do you disagree about regarding the children? a. How are these disagreements resolved?
<input type="checkbox"/>	<input type="checkbox"/>	10. Has <u>X</u> ever:
<input type="checkbox"/>	<input type="checkbox"/>	a. Threatened to hurt your children?
<input type="checkbox"/>	<input type="checkbox"/>	b. Threatened to take away your children or threatened to or did report you to the authorities (<i>child protective services, immigration, police, etc.</i>) for something you did not do?
<input type="checkbox"/>	<input type="checkbox"/>	c. Prevented you from seeing your family or friends?
<input type="checkbox"/>	<input type="checkbox"/>	d. Prevented you from going where you want to go and when you want to go?
<input type="checkbox"/>	<input type="checkbox"/>	e. Prevented you from working or attending school?
<input type="checkbox"/>	<input type="checkbox"/>	f. Prevented you from having access to money, a telephone, bank accounts, transportation, or health care?
<input type="checkbox"/>	<input type="checkbox"/>	g. Kept track of where you are at all times?
<input type="checkbox"/>	<input type="checkbox"/>	h. Threatened to disclose personal or confidential information about you? (<i>i.e., for same-sex couples, threatened to "out" you to your family, friends, co-workers or authorities</i>)
<input type="checkbox"/>	<input type="checkbox"/>	11. Does or has <u>X</u> ever criticized you, put you down, cursed at you or called you names?
<input type="checkbox"/>	<input type="checkbox"/>	12. Does or has <u>X</u> called you at home or work excessively, or when you have asked him/her not to?

Yes	No	
		13. How are disagreements between you and <u>X</u> handled in general?
		14. How often did you argue or fight with <u>X</u> ? a. How often do you argue or fight with <u>X</u> now?
		15. What happens when you argue or fight?
<input type="checkbox"/>	<input type="checkbox"/>	16. Has <u>X</u> ever made you do anything you didn't want to do? If yes, in what way?
<input type="checkbox"/>	<input type="checkbox"/>	17. Has <u>X</u> ever threatened to hurt him/herself?
<input type="checkbox"/>	<input type="checkbox"/>	18. Has <u>X</u> ever threatened to hurt you?
<input type="checkbox"/>	<input type="checkbox"/>	19. Has <u>X</u> ever:
<input type="checkbox"/>	<input type="checkbox"/>	a. Shoved you?
<input type="checkbox"/>	<input type="checkbox"/>	b. Slapped you?
<input type="checkbox"/>	<input type="checkbox"/>	c. Punched you?
<input type="checkbox"/>	<input type="checkbox"/>	d. Kicked you?
<input type="checkbox"/>	<input type="checkbox"/>	e. Choked you?
<input type="checkbox"/>	<input type="checkbox"/>	f. Made you perform sexual acts with which you were uncomfortable?

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	g. Caused any physical injuries to your body? If yes, was medical attention required?
<input type="checkbox"/>	<input type="checkbox"/>	h. Threatened to or used an object or a weapon to hurt you? If yes, what was used?
<input type="checkbox"/>	<input type="checkbox"/>	20. Have you ever been afraid of <u>X</u> ?
<input type="checkbox"/>	<input type="checkbox"/>	21. Has <u>X</u> threatened to or has <u>X</u> ever hurt your pets?

When we started this discussion, I explained to you about the mediation process and asked you how you would feel discussing your concerns with X, in the same room face-to-face. I'd like to ask you some more questions about that to make sure you are comfortable with this process.

Before I do, would you like me to explain the mediation process again?

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	22. Do you think you would feel comfortable in this situation, discussing subjects that are important to you (including subjects like those in the petition)?
<input type="checkbox"/>	<input type="checkbox"/>	a. Is there anything you would not want to discuss? If yes, please explain:
<input type="checkbox"/>	<input type="checkbox"/>	23. Do you feel that you would be able to ask for what you want in mediation?
<input type="checkbox"/>	<input type="checkbox"/>	24. Do you think that you might feel intimidated by the other party before, during or after mediation?
		25. What do you think would happen if <u>X</u> didn't get what he/she wanted?
<input type="checkbox"/>	<input type="checkbox"/>	26. Do you have any fear that <u>X</u> might harm you in any way after the mediation?
		27. What are you hoping to get out of mediation?

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	28. Would you like to tell me anything else that I haven't asked you? If yes, please explain: