

## Mediation Questionnaire

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Do you have an attorney? \_\_\_\_\_ # of past mediations: \_\_\_\_\_ Time since separation: \_\_\_\_\_

Please rate how cooperative you and the other parent are:

- Very cooperative
- Sometimes cooperative
- Rarely cooperative
- Never cooperative

How do you communicate information about the child(ren) to the other parent?

- In person
- Through telephone calls
- Through written notes/text/e-mail
- Through the children
- Not at all

Please check the box that most closely matches the reason you are here:

- Separation/Divorce
- Child Support
- Relocation of one parent
- Change existing custody/visitation plan
- Other (please explain):  
\_\_\_\_\_

Please rate your confidence in your ability to come to an agreement with the other parent in mediation:

- Very confident
- Somewhat confident
- Not confident

Please rate the amount of conflict you have with the other parent.

- Low     Medium     High

Please rate your willingness to share the child(ren)'s time with the other parent.

- Low     Medium     High

Do you currently have a visitation schedule that allows both of you to have contact with your child(ren)? If so, what is the schedule and how long has it been in place?

How are your children doing with this schedule?

Do you currently have or have you in the past had a restraining order against the other parent?

Do any of your children have any special or unique needs that you would like the mediator to know about?

Is Child Protective Services currently investigating either parent?    Yes    No