

CONFIDENTIAL INTAKE SURVEY

Utah Dispute Resolution requires parties in mediation to complete this survey. Your frank, honest answers will enable us to serve your needs better. We recognize these are personal questions, and we will keep all information provided in strict confidence. Please call if you have questions about this survey or if you would rather complete this survey by phone. Attach additional pages as needed.

Who initiated the separation/divorce/custody/paternity action? _____

Who first decided to try mediation? _____ has either of you become unemployed in the last 60 days? _____

Are you and the other party living together now, or are you separated? _____ If separated, how long? _____

Describe how things are going between the two of you now. _____

How do you and the other party usually make decisions about important matters such as finances or your children? _____

If you disagree with each other, how do you handle the disagreement? _____

Are you or the other party a heavy user of alcohol and/or street drugs? _____ If yes, who uses? _____

Does either of you have chronic mental problems? _____ if yes, are you, the other party, or both currently in treatment? _____

Would you be able to sit in the same room with the other party and a mediator without fear for your safety? _____

Would you be afraid that the other party might hurt you physically if you did not agree with him/her in mediation? _____

In mediation would you fear retaliation from the other party afterwards if you:

- Expressed your opinion? _____ Explain _____
- Disagreed with him or her? _____ Explain _____
- Asserted your needs? _____ Explain _____

Has physical force ever been used in your relationship? _____ if yes, explain. _____

- Has the other party ever:
- Threatened you or your family with violence? _____
 - Prevented you from leaving the house, getting a job, returning to school, visiting your family? _____
 - Threatened to kill him or her or had detailed fantasies about suicide? _____
 - Abused household pets? _____

If yes to any of the above, explain: _____

Underline any of the following actions that have happened **to you** in your relationship. Has it happened more than once? _____ When did this last occur? _____

Pushing, strangling/choking, cutting, stabbing, threatening with a weapon, hitting with an object, hitting with a hand or fist, slapping, shaking, biting, kicking, burning, having forced sexual activities, other _____

Have you ever left your home because you feared for your safety? _____

Have you or your children ever required medical care because of injuries caused by the other party? _____

Have you ever called the police because you feared for your safety from the other party? _____

Have the children ever been threatened, hit, hurt or taken into protective custody? _____

Have you ever been cited, arrested or convicted of hurting the other party or any other person? _____

If yes, explain _____

Has either of you ever attended counseling or special classes as a result of physically harming the other? _____

Additional concerns or comments: _____