



**NINTH JUDICIAL ADMINISTRATIVE DISTRICT
OFFICE OF DISPUTE RESOLUTION
Valerie Lyle, Director**

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DOMESTIC RELATIONS SCREENING FORM (TIER 2)

DATE/TIME: _____ PERSON COMPLETING SCREENING (initials) _____
NAME: _____
COUNTY: _____
CASE #: _____
CONTACT PHONE NUMBER: _____
EMAIL ADDRESS: _____
MAILING ADDRESS: _____

1. Review Tier I Questions.

2. Do you know what mediation is and why it has been ordered in your case? YES NO

3. What happens when you speak your mind and express your point of view to [insert name]?

4. Has the other party ever denied you the right to access family resources such as money, transportation, a phone, etc.? YES NO If yes, please describe.

5. Are you afraid of disagreeing with [name]? YES NO
If yes, what happens when you disagree?

Would you feel able to disagree with [name] if the two of you were in separate rooms and the mediator worked with you one on one? YES NO

6. Has [name] discouraged you from spending time with friends and family? YES NO

7. Has the other party ever sent you repeated e-mails, calls, social media contacts or other unwanted communication after you asked him/her/them to stop? YES NO

Has the other party monitored your communication, social media, or your whereabouts? **YES** **NO**
If yes, please explain.

8. Have you ever canceled a temporary protective order or allowed one to expire against [name]?
YES **NO**

9. Has [name] interfered with your ability to speak to an attorney or other advocate? **YES** **NO**

10. Has [name] discouraged you from working, accepting promotions, going to school, and being independent in general? **YES** **NO**
If yes, how so?

11. Has the other party ever hit, strangled, pushed, or slapped you? **YES** **NO**

Additional Information:
