



**DALLAS COUNTY**  
**DOMESTIC RELATIONS OFFICE**  
**FAMILY COURT SERVICES DIVISION**

**Mediation Advisement Form**

**Cause No.:** \_\_\_\_\_

**CHILDREN:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that mediation has been ordered by the Court with regard to the above-named child(ren). I further understand that the purpose of mediation is to assist the parties involved in making a decision for the best interest of the child(ren) in question.

I have been informed and I understand that any communications or statements by the parties or the child(ren) during the course of mediation will be confidential and cannot be used in a formal court proceeding and that the mediator cannot be called to testify in Court.

I understand that the law requires the reporting of abuse of child(ren) or the elderly, and should such information surface during mediation, it will be reported to the proper authorities as well as any serious threats of imminent danger or physical harm.

I understand that if a proposed settlement is reached I will be referred to my attorney for assistance in preparing the final written agreement for presentation to the Court.

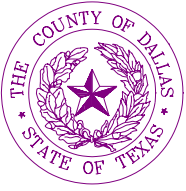
I further understand that the Family Court Services mediator is not an attorney and cannot give legal advice.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 2006 at \_\_\_\_\_ o'clock.

Client \_\_\_\_\_  
(Printed name)

\_\_\_\_\_  
Signature

Witness: \_\_\_\_\_



**DALLAS COUNTY  
DOMESTIC RELATIONS OFFICE  
FAMILY COURT SERVICES DIVISION**

Cause No. \_\_\_\_\_

M \_\_\_\_\_ F \_\_\_\_\_ I \_\_\_\_\_ SP \_\_\_\_\_

**Family Violence Questionnaire**

**Please answer all of the following questions. Complete confidentiality will be observed with regard to your responses. Circle your response.**

- |     |    |  |
|-----|----|--|
| Yes | No | 1. Do you fear being in the same room with the other party during mediation?                             |
| Yes | No | 2. Do you believe you and the other party can communicate on an equal basis in mediation?                |
| Yes | No | 3. Are you psychologically intimidated by the other party?   |
| Yes | No | 4. Are you physically intimidated by the other party?  |
| Yes | No | 5. Are you afraid of the other party for any other reason?   |
| Yes | No | 6. Were financial, child rearing and family decisions shared?  |
| Yes | No | 7. Does the other party have a drug or alcohol problem?  |
| Yes | No | 8. Has the other party ever denied or threatened to deny access to your children?                        |
| Yes | No | 9. Do you have any serious concerns about your child(ren)'s emotional or physical safety?                |
| Yes | No | 10. Has Child Protective Services ever been contacted regarding your family?                             |
| Yes | No | 11. Has there been or is there currently a Protective Order or Peace Bond in this case?                  |
| Yes | No | 12. Have you experienced any of the following types of abuse from any other party involved in this case? |
| Yes | No | Verbal Abuse   |
| Yes | No | Emotional Abuse  |
| Yes | No | Physical Abuse   |
| Yes | No | Sexual Abuse   |

If you circled any of the four choices in question 12, please indicate in which of the following time frames the abuse(s) occurred:

\_\_\_\_\_ Dating or Engaged \_\_\_\_\_ Married or Living Together \_\_\_\_\_ While Separated \_\_\_\_\_ Divorced

On a scale of 1 to 10, what best describes your level of concern for your physical safety at this time:

None		Slight		Moderate		High		Severe	
1	2	3	4	5	6	7	8	9	10

