

ARKANSAS ACCESS AND VISITATION MEDIATION PROGRAM QUESTIONNAIRE

CONFIDENTIAL: DO NOT SHARE WITH OPPOSING PARTY

Pursuant to Arkansas Code Annotated 16-7-206, “Any record or writing made at a dispute resolution process is confidential...”

The Access & Visitation Mediation Questionnaire contains confidential information. This information and questionnaire shall not be shared with anyone, including but not limited to, the other party or their attorney.

1. Have the parties attended mediation through the Access and Visitation Mediation Program previously? Yes No

PLEASE NOTE: ONCE PARTIES HAVE PARTICIPATED IN THE AV PROGRAM, THEY ARE INELIGIBLE TO PARTICIPATE A SECOND TIME.

2. Is there a court order for mediation? _____ COUNTY/DOCKET #: _____

CASE HEADING: _____ **JUDGE:** _____

Has there been any OCSE (Office of Child Support Enforcement) involvement with this case? _____

- 3.

<p>PARENT 1 _____</p> <p>Address _____</p> <p>City, State, Zip _____</p> <p>Telephone & Email _____</p>
Is Parent 1 the <input type="checkbox"/> CUSTODIAL PARENT or <input type="checkbox"/> NON-CUSTODIAL PARENT / <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> OTHER
Does Parent 1 have an open OCSE case? (involving the children in this case or any other children) _____
<p>PARENT 2 _____</p> <p>Address _____</p> <p>City, State, Zip _____</p> <p>Telephone & Email _____</p>
Is Parent 2 the <input type="checkbox"/> CUSTODIAL PARENT or <input type="checkbox"/> NON-CUSTODIAL PARENT / <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> OTHER
Does Parent 2 have an open OCSE case? (involving the children in this case or any other children) _____

4.

PARENT 1's Attorney _____	
Address	_____
City, State, Zip	_____
Telephone	_____ FAX: _____
EMAIL	_____
<hr style="border: 1px solid black;"/>	
PARENT 2's Attorney _____	
Address	_____
City, State, Zip	_____
Telephone	_____ FAX: _____
EMAIL	_____

5. Has an **Attorney Ad Litem** been appointed in this case? _____
 Name: _____ Telephone: _____
 Email Address: _____

6. Do either of the parties require a foreign language or sign language interpreter? If so, please specify what type of interpreter is needed. _____

7. Do either of the parties have a disability as defined by the Americans with Disabilities Act (ADA) that requires special accommodations? If so, please explain. _____

8. Please list your top three (3) preferences for mediator from the current Access & Visitation Certified Roster. If no preference, please indicate.

- 1st Choice _____
- 2nd Choice _____
- 3rd Choice _____

I HAVE NO PREFERENCE

Please note: Per AV Program Policy, in addition to the chosen mediator, AV Mediations may also be attended by an AV "Mediator in Training." The trainee will not conduct the mediation, but may assist the mediator, at the mediator's discretion. Trainees are bound by confidentiality and applicable program rules in the same way as certified mediators.

9. What are the main issues to be mediated? _____

10. What is the marital status of the parties?

- Never Married to Each Other
- Married to Each Other
- Separated from Each Other
- Divorced from Each Other

11. Has either parent remarried? Yes No

If so, Whom? _____

12. Name and date of birth for each child involved in this case:

Name _____ DOB: _____

Name _____ DOB: _____

Name _____ DOB: _____

Name _____ DOB: _____

13. What is the current visitation schedule? _____

Please note: Per our Federal Grant mandate, cases in which there is a FINAL court order for true Joint Physical Custody are not eligible for AV Mediation Services. There must be a non-custodial parent listed for a case to be considered for the AV Program.

14. Are any of the children mentally or physically challenged? Yes No

If yes, please briefly explain: _____

15. Is anyone else living in the household (i.e. grandparents, other relatives, etc.?) Yes No

If Yes, Please list: _____

16. **FEDERAL REQUIREMENT:** Program participants must indicate their race or ethnicity by checking the appropriate box. *This is strictly for data purposes and will remain confidential.*

<u>PARENT 1:</u>
<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Asian
<input type="checkbox"/> Black or African American
<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Native Hawaiian or Other Pacific
<input type="checkbox"/> White
<input type="checkbox"/> Two or More Races
<input type="checkbox"/> Other

<u>PARENT 2:</u>
<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Asian
<input type="checkbox"/> Black or African American
<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Native Hawaiian or Other Pacific
<input type="checkbox"/> White
<input type="checkbox"/> Two or More Races
<input type="checkbox"/> Other

17. **FEDERAL REQUIREMENT:** Program participants must designate their net income by checking the appropriate box. *This is strictly for data purposes and will remain confidential.*

<u>PARENT 1'S INCOME</u>	
<input type="checkbox"/>	Less than \$10,000 annually
<input type="checkbox"/>	\$10,000 to \$19,999 annually
<input type="checkbox"/>	\$20,000 to \$29,999 annually
<input type="checkbox"/>	\$30,000 to \$39,999 annually
<input type="checkbox"/>	\$40,000 and over annually

<u>PARENT 2'S INCOME</u>	
<input type="checkbox"/>	Less than \$10,000 annually
<input type="checkbox"/>	\$10,000 to \$19,999 annually
<input type="checkbox"/>	\$20,000 to \$29,999 annually
<input type="checkbox"/>	\$30,000 to \$39,999 annually
<input type="checkbox"/>	\$40,000 and over annually

A. Are you employed? Yes No If No, What is the source of your income?

B. What is your **NET** income (after taxes and deductions) per pay period? _____

C. How often are you paid? (circle one) weekly bi-weekly monthly semi-monthly
other (please explain) _____

D. List the total number of people (including yourself) whom **YOU** support financially or for whom you pay child support:

PLEASE NOTE: THE FOLLOWING SECTION OF THE AV QUESTIONNAIRE MUST BE COMPLETED BY THE PARENT, NOT THEIR ATTORNEY. A parent's attorney may assist in completing this section, if needed.

The goal of mediation is for you and the other party to work together to try and reach an agreement on some or all of the issues in your case. All agreements are voluntary. The mediator's role during mediation will be to help you reach agreement, not to make a decision on the issues or to take sides. For mediation to be successful, those participating must be able to talk with one another and either agree or disagree without being fearful or intimidated. Before the parties attend mediation, we ask them to provide background information and to complete this ***confidential*** intake form. Please answer the following background questions to the best of your ability, as they will help to determine whether mediation is appropriate for your case.

18. What would you like to see as an outcome of mediation? _____

19. What parenting plan or arrangements do you think would work best for your family? _____

20. Do you have any questions or concerns about *how* you and the other party will make decisions in the mediation? _____

21. Is there anything that you feel that you can't say in front of the other party? _____

22. Are the two of you able to talk to each other without arguing? _____

23. Are you able to speak without the other party becoming angry or intimidating? _____

24. Are you afraid that the other party will not let you talk or verbally attack you at the mediation or sometime later? _____

25. Are you afraid to be in the same room with the other party? _____

If yes, If your attorney was present with you during the mediation session, would you still have these concerns? _____

26. Are you afraid that the other party will harm you during the mediation or after you leave because of what you say in the mediation? _____

27. Are there any past or present allegations of violence or abuse between the parties? _____

28. Has the other party ever threatened to hurt you? _____

29. Has the other party ever destroyed your property? _____

30. Do you have reason to believe or have reasonable suspicion that any person (including yourself) attending the mediation session will bring a weapon? _____

31. Do you have reason to believe or have reasonable suspicion that any person (including yourself) has ever been arrested for or convicted of a violent crime? _____

32. Is there currently an Order of Protection in place between the parties? _____

Name of Court issuing Order: _____

Comments: _____

33. Do you have any concerns about the safety of the children? _____

34. Are there any allegations of past or present emotional, physical or sexual abuse or neglect of the children? Yes No

If yes, what is the nature of the allegation(s)? _____

If yes, have the allegations been investigated by DHS? Yes No

What was the outcome of the DHS investigation? _____

35. Have your children ever been taken into protective custody by the police, Department of Human Services (DHS/DCFS), or the court? Yes No

If yes, please briefly explain: _____

36. Have there been any catastrophic or traumatic events occurring in your family within the past 12 months? Yes No If yes, please briefly explain: _____

37. Are there safety issues or concerns that you would like to discuss with the mediator privately prior to the mediation session? _____

38. Is there anything else you think the mediator should know about you, the other party, or your family? _____

ADDITIONAL NOTES/COMMENTS:

My signature below indicates that all of the information provided in this questionnaire is true and correct.

_____ Date: _____

PARENT'S SIGNATURE

Return questionnaire via email, fax or mail to:

Stephanie H. Smith, AV Director

stephanie.smith@arcourts.gov

625 Marshall Street, Suite 1200

Little Rock, AR 72201

501-803-9675 (phone)

501-605-9691 (fax)

If you need further information or resources regarding Domestic Violence, please visit:

www.domesticpeace.com