

**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: \_\_\_\_\_

**3. PARENT 1** \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone & Email \_\_\_\_\_

Is Parent 1 the  CUSTODIAL PARENT or  NON-CUSTODIAL PARENT /  MOTHER  FATHER  OTHER

Does Parent 1 have an open OCSE case? (involving the children in this case or any other children) \_\_\_\_\_

**PARENT 2** \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone & Email \_\_\_\_\_

Is Parent 2 the  CUSTODIAL PARENT or  NON-CUSTODIAL PARENT /  MOTHER  FATHER  OTHER

Does Parent 2 have an open OCSE case? (involving the children in this case or any other children) \_\_\_\_\_

**PARENT 1's Attorney** \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone & Email \_\_\_\_\_

**PARENT 2's Attorney** \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone & Email \_\_\_\_\_

4. Has there been any OCSE (Office of Child Support Enforcement) involvement with this case? Yes  No

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 there is no preference, please indicate.

1<sup>st</sup> Choice \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_

3<sup>rd</sup> 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

Separated from Each Other

Married to 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: \_\_\_\_\_ D.O.B \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B \_\_\_\_\_

13. What is the current visitation schedule? \_\_\_\_\_  
\_\_\_\_\_

14. Are any of the children mentally or physically challenged? Yes  No   
If yes, please 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.*

Parent 1:
<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Asian
<input type="checkbox"/> Black of African American
<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Middle Eastern or North African
<input type="checkbox"/> Native Hawaiian or Other Pacific
<input type="checkbox"/> White
<input type="checkbox"/> Two or More Races

Parent 2:
<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Asian
<input type="checkbox"/> Black of African American
<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Middle Eastern or North African
<input type="checkbox"/> Native Hawaiian or Other Pacific
<input type="checkbox"/> White
<input type="checkbox"/> Two or More Races

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.*

<b><u>PARENT 1'S INCOME</u></b>
<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

<b><u>PARENT 2'S INCOME</u></b>
<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? (Check 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? Yes  No  If “yes” please explain below:  
\_\_\_\_\_  
\_\_\_\_\_

21. Is there anything that you feel that you can’t say in front of the other party? Yes  No   
If yes, please explain: \_\_\_\_\_

22. Are the two of you able to talk to each other without arguing? Yes  No

23. Are you able to speak without the other party becoming angry or intimidating? Yes  No

24. Are you afraid that the other party will not let you talk or verbally attack you at the mediation or sometime later? Yes  No

25. Are you afraid to be in the same room with the other party? Yes  No

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? Yes  No

27. Are there past or present allegations of violence or abuse between the parties? Yes  No   
If yes, please explain \_\_\_\_\_

28. Has the other party ever threatened to hurt you? Yes  No

29. Has the other party ever destroyed your property? Yes  No

30. Do you have reason to believe or have reasonable suspicion that any person (including yourself) attending the mediation session will bring a weapon? Yes  No

If yes, please explain \_\_\_\_\_

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? Yes  No

If yes, please explain \_\_\_\_\_

32. Is there currently an Order of Protection in place between the parties? Yes  No

Name of Court issuing Order: \_\_\_\_\_

Comments: \_\_\_\_\_

33. Do you have any concerns about the safety of the children? Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

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 explain: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

37. Are there safety issues or concerns that you would like to discuss with the mediator privately prior to the mediation session? Yes  No  If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

**ADDITIONAL NOTES/COMMENTS:**

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All AV Mediation Program participants are required to read the parenting handbook entitled "From Parenting Wars to Co-Parenting." This publication can be found at: [www.araccess.org/links-to-resources](http://www.araccess.org/links-to-resources) along with other mediation and education resources.

39.  I have read "From Parenting Wars to Co-Parenting." (Please check the box upon completion.)

40. Was this information helpful to you? Yes  No

41. What other parenting education resources would be helpful for you and your family?

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

\_\_\_\_\_

PARENT'S SIGNATURE

Date: \_\_\_\_\_

\_\_\_\_\_

PARENT'S PRINTED NAME

Return questionnaire via email or mail to:

[avmediation@arcourts.gov](mailto:avmediation@arcourts.gov)

625 Marshall Street, Suite 1200

Little Rock, AR 72201

501-803-9675

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

[www.domesticpeace.com](http://www.domesticpeace.com)