

# DKI CONSULTANTS, LLC

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## DOMESTIC VIOLENCE QUESTIONNAIRE

Name \_\_\_\_\_

Date \_\_\_\_\_

This document is confidential between you, your mediator, and your representation. The Georgia Office of Dispute Resolution requires ALL parties participating in Divorce Mediation to fill out this document.

The purpose of this document is to help the mediator and your representation better understand your perspective and, if needed, to take additional steps and precautions to ensure your safety during the mediation process.

### **SECTION ONE**

1. Is there now or has there ever been a protective order, restraining order or stalking order sought or issued for you and/or the other party? If yes, please explain.
2. Is the Division of Family and Children Services (DFCS) and/or Adult Protective Services (APS) involved in this case? If yes, please explain.
3. Have you or the other party ever been arrested? If yes, please explain.
4. Were the arrests related to drug or alcohol abuse? If yes, please explain.
5. Are you afraid of the other party? If yes, please explain
6. Do you have any concerns when the other party does not get his or her way?

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7. Have you or the other party ever tried or threatened to: if yes, please explain

- i. Commit suicide
  
- ii. Harm the other party
  
- iii. Harm the children
  
- iv. Harm other family members
  
- v. Harm family pets
  
- vi. Use a weapon

8. Are you still living in the same home? If so, do you think you would feel safe in returning home after discussing the issues in your case in mediation?

9. Are there any other concerns about safety? If yes, please explain.

**If you have answered yes to any question(s) above, please continue to Section Two.**

## **SECTION TWO**

- Do you know what mediation is and why it has been ordered in your case?
  
  
- What happens when you speak your mind and express your point of view ?
  
  
- Has your partner/spouse ever denied you the right to access family resources such as money, transportation, a phone, etc.? If yes, please describe.
  
  
- Are you afraid of disagreeing with your partner/spouse? If yes, what happens when you disagree? Would you feel able to disagree with him/her if the two of you were in separate rooms and the mediator worked with you one on one?

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- Has your partner/spouse discouraged you from spending time with friends and family?
- Has your partner/spouse ever sent you repeated e-mails, calls, social media contacts or other unwanted communication after you asked him/her to stop? Has he/she monitored your communication, social media, or your whereabouts? If yes, please explain.
- Have you ever cancelled a temporary protective order or allowed one to expire against your spouse/partner?
- Has your spouse/partner interfered with your ability to speak to an attorney or other advocate?
- Has partner/spouse discouraged you from working, accepting promotions, going to school, and being independent in general? If yes, how so?
- Have you and the other party ever hit, strangled, pushed, or slapped one another?
- Do you believe that mediation will be beneficial? Why or why not?