

Domestic Relations Screening Form (Tier I)

Name:

County:

Case No:

Contact phone number:

Email address:

1. Have you ever applied for or been granted a protective order, restraining order or stalking order against the other party? **Yes** **No**

2. Is the Division of Family and Children Services (DFCS) and/or Adult Protective Services (APS) involved in this case? (Does not include requests for financial assistance.) **Yes** **No**

3. Has the other party ever been arrested for an act of violence or making threats against another person?
Yes **No**

4. Are you afraid of the other party? **Yes** **No**

5. Do you have any concerns for your safety when the other party does not get his/her/their way? **Yes** **No**

6. Has the other party ever tried or threatened to: (check all that apply)
 - Harm you
 - Harm the children
 - Harm other family members
 - Harm family pets
 - Use a weapon to harm or intimidate you or others
 - Harm self
 - None of these apply

7. Are you currently living in the same home with the other party? **Yes** **No**
 - If “yes”, do you think you would feel safe in returning home after discussing the issues in your case in mediation? **Yes** **No**

8. Are there any other concerns about safety? **Yes** **No**
 - If “yes”, please explain:

➤ Please return form to: a Blvd., Ste. 2DR01, Jonesboro, GA 30236;

➤ If you need to talk because you or someone you know is in an abusive relationship, call Georgia’s 24 hour hotline at **1-800-33-HAVEN (1-800-334-2836)** (se habla español) or the National hotline at **1-800-799-SAFE (1-800-799-7233)**.