

**FAMILY MEDIATION PROGRAM**  
**22<sup>nd</sup> JUDICIAL CIRCUIT, McHENRY COUNTY, ILLINOIS**

**CONFIDENTIAL QUESTIONNAIRE FOR MEDIATION PARTICIPANTS**

Please fill in the information requested below. Each parent must separately answer the questions on this questionnaire.

Your Name \_\_\_\_\_

Address: \_\_\_\_\_

Home phone number (\_\_\_\_\_) \_\_\_\_\_ OK to call? \_\_\_\_\_

Work phone number (\_\_\_\_\_) \_\_\_\_\_ OK to call? \_\_\_\_\_

Cell/page number (\_\_\_\_\_) \_\_\_\_\_ OK to call? \_\_\_\_\_

Date of Marriage \_\_\_\_\_ Date of Separation \_\_\_\_\_ Date of Divorce \_\_\_\_\_

Length of Relationship \_\_\_\_\_ Your relationship to child(ren) \_\_\_\_\_

Distance (time or miles) between parents' homes \_\_\_\_\_

Names and ages of child(ren) and with whom they are living \_\_\_\_\_

Others in your home (name, relationship, age) \_\_\_\_\_

If remarried, your spouse's name & age \_\_\_\_\_ If remarried, date \_\_\_\_\_

If you were previously married, marriage(s) ended in

Annulment \_\_\_\_\_ Years married \_\_\_\_\_ Number of children \_\_\_\_\_

Death \_\_\_\_\_ Years married \_\_\_\_\_ Number of children \_\_\_\_\_

Divorce \_\_\_\_\_ Years married \_\_\_\_\_ Number of children \_\_\_\_\_

Have you previously been involved in mediation? \_\_\_\_\_ If yes, date of mediation \_\_\_\_\_

Mediator's name & location \_\_\_\_\_

Yes No

\_\_\_ \_\_\_ Do you have concerns about the child(ren)'s emotional and/or physical safety with the other parent?

\_\_\_ \_\_\_ Has the Department of Children and Family Services been involved with the family regarding allegations of abuse and/or neglect of the child(ren)?

\_\_\_ \_\_\_ Has an attorney/Guardian ad Litem been appointed to represent the children? Name \_\_\_\_\_

\_\_\_ \_\_\_ Have you ever feared that you would not have access to your child(ren)?

\_\_\_ \_\_\_ Has any family member ever had counseling, medication or hospitalization for mental health reasons?

\_\_\_ \_\_\_ Do you have concerns regarding the use of alcohol and/or drugs in the family?

\_\_\_ \_\_\_ Has the other parent ever damaged or destroyed yours or your child(ren)'s property or harmed or threatened to harm yours or your child(ren)'s pets?

\_\_\_ \_\_\_ Has there ever been a physical confrontation between you and the other parent?

\_\_\_ \_\_\_ Do you have any concerns about your own emotional and/or physical safety with the other parent?

\_\_\_ \_\_\_ Are there now, or have there been, Orders of Protection. If yes, expiration date \_\_\_\_\_

\_\_\_ \_\_\_ Are you in any way afraid to meet with the other parent and the mediator?

\_\_\_ \_\_\_ Do you feel you were an equal partner in your relationship? Could you speak your mind freely, express your point of view and have equal say in the decision making process with the other parent?

\_\_\_ \_\_\_ Has the other parent ever prevented you from having contact with family, friends or with your child(ren)?

\_\_\_ \_\_\_ Do you feel you are ready to begin working with the other parent to develop a parenting plan? If not, briefly explain: \_\_\_\_\_

\_\_\_ \_\_\_ Do you have any fear about answering these questions? If yes, please describe on back.