**CONFIDENTIAL SCREENING REPORT**

**FOR FAMILY ARBITRATION**

**PART A- Screener Information**

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| Name:Address: Contact: Training in Screening: I train professionals in Screening for Family Violence, Abuse and Power Imbalances.  |

**Part B- Screening Confirmation**

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| I confirm that I met with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the purpose of conducting screening process for domestic violence and power imbalance in: * Mediation/arbitration with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of Arbitrator)
* Arbitration with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of Arbitrator)
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**Part C- Screening Recommendation**

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| The following screening recommendations are based on responses to a questionnaire, specific questions asked by me, and my assessment, based on my skills and experience, of the information given by the party. * Yes, Family Arbitration is recommended
* Only with the following provisions is Family Arbitration recommended
* No, Family Arbitration is not recommended at this time.
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* **This report is provided in strict confidence to the Arbitrator only.**
* **This report may be used only to determine suitability for arbitration and/or any procedural requirements for arbitration.**
* **This report is not to be used to decide any issue in arbitration, including the credibility of the parties**

Signature of Screener: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date report completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEDIATION READINESS

Your Mediation Process

**Physical Modifications**

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**Process Modifications**

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