**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) |

**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. |

* **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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