

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	DOMESTIC VIOLENCE SCREENING FOR REFERRAL TO MEDIATION	CASE NUMBER and JUDGE
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Court address

Court telephone number

Plaintiff's name
Plaintiff's attorney, bar number, address, and telephone number

v

Defendant's name
Defendant's attorney, bar number, address, and telephone number

Note: Do not use this form if you are participating in Friend of the Court alternative dispute resolution under MCR 3.224. If you have an attorney, this form should be completed with your attorney. Please return this completed form to the ADR clerk at the above court address within 7 business days.

Instructions: If there are any actions involving you or the other party, specify the names of the persons involved, the case number, the name of the court where the action was filed, including the county and state. If there are no actions, write "NONE."

1. I am aware of the following personal protection actions involving myself and/or the other party:

2. I am aware of the following domestic violence criminal actions involving myself and/or the other party:

3. I am aware of the following pending child protective (abuse/neglect) actions involving myself and/or the other party:

_____ Date

_____ Signature