

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	DOMESTIC VIOLENCE SCREENING FOR REFERRAL TO MEDIATION	CASE NO. and JUDGE
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Court address

Court telephone no.

Plaintiff's name
Plaintiff's attorney, bar no., address, and telephone no.

v

Defendant's name
Defendant's attorney, bar no., address, and telephone no.

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