STATE OF MICHIGAN 17TH JUDICIAL CIRCUIT KENT COUNTY	DOMESTIC VIOLENCE SCREENING FOR REFERRAL TO MEDIATION	CASE NO.

Court address 180 OTTAWA AVE NW GRAND RAPIDS MI 49503 **Court telephone no.** (616) 632-5480

Regarding the Marriage of _____ **and** _____

Filing Parent Mother/Father Non-Filing Parent Mother/Father

Circle One **Circle One**

Filing Parent's attorney's name, bar no., address, and telephone no.	Non-Filing Parent's attorney's name , bar no., address, and telephone

Note: If you have an attorney, this form should be completed with your attorney.

Instructions: If there are any actions involving you or the other parent, 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 parent:

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

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

Date Signature