

**SUPERIOR COURT OF CALIFORNIA  
COUNTY OF SANTA CLARA**

**Family Court Services**  
170 Park Avenue  
San Jose, CA 95113  
(408) 534-5760



**NOTICE**  
**Please complete & return this form to Family Court Services before your next appointment.**

**NON-CONFIDENTIAL  
DOMESTIC VIOLENCE/ ABUSE QUESTIONNAIRE  
(Physical, Emotional, Verbal and Economic Abuse)**

Name: \_\_\_\_\_ Other Parent's Name: \_\_\_\_\_  
(Please Print)

Case Number: \_\_\_\_\_ FCS Number: \_\_\_\_\_

The following information will be used by Family Court Services in assessing any history of domestic violence and/or emotional abuse in the family so that: 1) mediations and investigations may be conducted in the most appropriate manner; 2) any recommendations are based on an accurate understanding of the domestic violence issues, and; 3) any agreements or recommendations include appropriate safety considerations.

- **The information you provide on this form is NOT confidential. Family Court Services may disclose any of the information to third parties, including law enforcement or child welfare agencies under appropriate circumstances, and the information could be used against you in a criminal prosecution. You may want to consult with your attorney before submitting this form.**
- **The other parent, at his or her request and with a signed Protective Order, will be provided a copy of your responses and will have the opportunity to respond.**
- **Any information you do provide must be true and accurate and not intended to mislead.**
- **You DO NOT have to answer questions if you believe that by doing so, you may endanger yourself or your children.**
- **This form is not required. If you elect not to answer some or any of the questions, your failure to answer will NOT be used against you by Family Court Services.**

Check here if, for any reason, you need help in completing this form.

Check here if you DO NOT wish to complete this form

Date of Parties' Separation: \_\_\_\_\_

Length of Relationship or Marriage: \_\_\_\_\_

Has there been a Family Code §3044 Finding? \_\_\_\_\_

### AFETY ASSESSMENT/LEVEL OF VIOLENCE/LEVEL

(Source: Adapted by Family Court Services, 2007 from Danger Assessment Scale 2001 by Jackie Campbell.)

	Yes	No	N/A
1. Has the other parent been violent toward a previous partner? (If you were his/her 1 <sup>st</sup> relationship, check N/A.)			
2. Has the physical violence increased in severity or frequency over the past year before you decided to leave him/her?			
3. Has he/she ever used a weapon against you or threatened you with a weapon?			
4. Did he/she ever try to choke (strangle/ cut off air with hands or object around neck) you?			
5. Does he/she own/have access to a gun?			
6. Has he/she ever forced you to have sex when you did not wish to do so?			
7. Does he/she use drugs? By drugs, we mean "uppers" or amphetamines, speed, angel dust, cocaine, "crack," street drugs or mixture?			
8. Has he/she threatened to kill you or the children and/or do you believe he/she is capable of killing you or the children?			
9. Does he/she get intoxicated/drunk every day or almost every day? (Frequency of drinking) or Does he/she get intoxicated every time he/she drinks? (Quantity of drinking)			
10. Did he/she control most of all of your daily activities? For instance: isolate you, tell you who you can be friends with, who you can see, how much money you could use, if you could work, when you could take the car, etc.			
11. Have you ever been beaten by him/her while you were pregnant. (If never been pregnant, check N/A)			
12. Is he/she violently and constantly jealous of you? (For instance, does he say "If I can't have you, no one can.")			
13. Have <b>YOU</b> ever threatened or tried to commit suicide?			
14. Has the <b>OTHER PARENT</b> ever threatened or tried to commit suicide?			
15. Does he/she threaten to harm your children?			
16. Do you have a child that is not the child of your partner?			
17. Is the other parent unemployed?			
18. Have you left him/her during the past year? ( If you have never lived with him/her, check n/a)			
19. Are you in the process of divorcing him/her? (If you were never married to him/her check N/A)			
20. Do you currently have another (different intimate partner)?			
21. Does the other parent follow or spy on you, leave threatening notes, destroy your property, or call you when you don't want him/her to?			
22. Has the other parent ever violated a protective order or been arrested for charges related to domestic violence, assault, alcohol, illicit drugs? If yes, briefly explain.			
24. Are you currently afraid of the other parent for any reason or do you have any concerns about future domestic violence? If yes, please explain:			

Other Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## PHYSICAL, EMOTIONAL, VERBAL AND ECONOMIC ABUSE

Please put a **check mark in the correct box**. If the OTHER PARENT did or ever threatened to do the violence, mark the column on the LEFT side of the page. If YOU did or ever threatened or were violent, mark the column on the RIGHT side of the page. Please explain where necessary.

### I. Level of Physical Violence:

Other Parent					You			
Did	1 - 3 Times	4 or More Times	Threatened		Did	1 - 3 Times	4 or More Times	Threatened
				Pushing, carrying, shoving, grabbing, or restraining you				
				Attempted or actual slapping with an open hand				
				Attempted or actual hitting with a closed hand or fist				
				Pulling your hair				
				Biting or kicking you				
				Hitting you in the head, face, breasts or genital area				
				Attempted or actual choking, strangulation or smothering				
				Tried to hit you with, or throw you out of, a car or truck				
				Burned you				
				Drove recklessly to scare you				
				Threw objects at you				
				Raped you or forced you to have sex				
				Abuse to pets				
				Destruction of property				
				Cruel or sadistic infliction of pain				
				Kidnapped you and/or your child				
				Breaking into & entering your residence				
				Child abuse (describe)				
				Other (describe)				

### II. Level of Emotional, Verbal & Economic Abuse:

Other Parent					You			
Did	1 - 3 times	4 or More times	Threatened		Did	1 - 3 times	4 or More Times	Threatened
				Humiliating, embarrassing, "putting you down" or doing so to the other parent				
				Blaming all problems on you or you blaming the other parent				
				Interrupting other parent's eating or sleeping				
				Not permitting you or you not permitting the other parent to go anywhere by himself/ herself				
				Punishing for contacts with others				
				Demands constant knowledge of whereabouts				
				Making automobile not work, withholding car keys				
				Making telephone not work				
				Threatening family and friends				
				Were your children exposed to violence or to threats?				
				Falsely accusing of being sexually unfaithful				

Other Parent					You			
Did	1-3 Times	4 or More Times	Threatened		Did	1-3 Times	4 or More Times	Threatened
				Using the children against you or kept you from seeing them or so doing so to the other parent				
				Making an unreasonable number of phone calls to you or you doing so to the other parent				
				Refusing to leave the other parent's home or workplace				
				Following you or you following the other parent				
				Destroying or stealing your immigration papers, refusing to help you gain legal status, calling you names like "illegal," threatening to have you deported, or reporting you to immigration				

Do you need referrals for shelter, counseling or other services? If yes, please name the services:

III. Are you in current relationship that has any of the above elements of domestic violence?  
(Please comment)

\_\_\_\_\_

IV. Have you been a relationship in the past that has any of the above elements of domestic violence?  
(Please comment)

\_\_\_\_\_

V. How were your children affected by any of the above?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

When seen in mediation or emergency screening, assessment or evaluation, I wish to be seen:

YES  NO Separately, without the other parent in the room with me.

YES  NO Together with the other parent in the same room with me.  
(FCS will ask you to submit a written consent form.)

YES  NO Do you have a current protective order against the other parent?  
IF YES, PLEASE PROVIDE A COPY.

**RIGHT TO A SUPPORT PERSON:** If you have a current protective order against the other parent, law gives you the right to have a support person of your choice (not your attorney) with you in mediation only. You also may be permitted to have a support person with you in a screening, assessment or evaluation but only if the investigator believes it will not interfere with the investigation.

If you have a current protective order against the other parent, do you wish to have a support person with you in session?  YES  NO

I declare, under penalty of perjury, that the information on this form is true and correct:

Date: \_\_\_\_\_

Signature: \_\_\_\_\_