

CONFIDENTIAL INTERVIEW QUESTIONNAIRE

Circuit Court of Cook County - Marriage and Family Counseling Service
69 West Washington St., Suite 1000, Chicago, IL 60602
Telephone (312) 603-1540 FAX (312) 603-9842 TDD (312) 603-1547

FULL NAME OF PARENTS: _____ FULL NAME OF CHILDREN, AGES/DOB: _____

Date Parents' Relationship Began ____/____/____

Date Parents' Relationship Ended ____/____/____

Parents' Relationship Status: Married? _____ Divorced? _____ Never-Married? _____ Ever lived together? (When?) _____

YOUR NAME _____ AGE _____

YOUR RELATIONSHIP TO CHILD(REN): Father _____ Mother _____ Other _____

YOUR ADDRESS _____
Street Apt. # City/State Zip Code

YOUR HOME TELEPHONE () _____ WORK NUMBER() _____

CELL PHONE/PAGER () _____ OTHER CONTACT NO.() _____

DISTANCE BETWEEN PARENTS' HOMES (time/miles) _____

YOUR OCCUPATION _____ EDUCATION COMPLETED _____

OTHER PEOPLE WHO LIVE WITH YOU (Names, Relationships, Ages) _____

OTHER MARRIAGES/RE-MARRIAGES (Spouses' Names/Dates) _____

YOUR CHILDREN FROM OTHER RELATIONSHIPS (Names, Ages, Live with) _____

Are you comfortable speaking English? _____ Reading English? _____ Writing English? _____

If not, what is your primary language? _____

Previously had mediation/emergency intervention at MFCS? _____ When? _____ With Whom? _____

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(DO NOT LET THE OTHER PARTY SEE YOUR ANSWERS ON THIS QUESTIONNAIRE)

		YES	NO
1.	Do you have any concerns about the child(ren)'s emotional and/or physical safety with the other parent?	_____	_____
2.	Has the Illinois Department of Children and Family Services been involved with the family regarding allegations of abuse and/or neglect of the children?	_____	_____
3.	Has an attorney/Guardian ad Litem been appointed to represent the child(ren)?	_____	_____
4.	Have you ever feared that you would not have access to your child(ren)?	_____	_____
5.	Do you have any questions or concerns about your child(ren) speaking with the mediator?	_____	_____
6.	Has there ever been medical treatment or hospitalization for psychiatric disorders in the immediate family?	_____	_____
7.	Do you have any concerns regarding the use of alcohol and/or drugs in the immediate family?	_____	_____
8.	Has there ever been any physical confrontation between you and the other parent?	_____	_____
9.	Do you have any other concerns about your own emotional and/or physical safety with the other parent?	_____	_____
10.	Are there now, or have there previously been, Orders of Protection? If yes, what is the expiration date? _____	_____	_____
11.	Are you in any way afraid to meet with the other partner in your relationship?	_____	_____
12.	Do you feel you were an equal partner in your relationship?	_____	_____
13.	Do you feel you are ready to begin working with the other parent to develop a parenting plan? If no, briefly state why not: _____ _____	_____	_____
14.	Do you have any fear about answering these questions? If yes, briefly explain why: _____ _____	_____	_____

SCREENED BY: Intake/Screening Mediator _____ Resource Person _____ Assigned Mediator _____
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