



**STATE OF NEW MEXICO  
SECOND JUDICIAL DISTRICT COURT  
FAMILY COURT CLINIC**

**COURT CLINIC MEDIATION**

You have been ordered to participate in mediation at the Court Clinic by a Judicial District Court Judge or Hearing Officer. The Court Clinic provides confidential mediation to parties to address legal custody, time-sharing and other non-financial issues related to their children. Only the referred parties, typically parents and/or guardians, can attend mediation. Mediation is a confidential process and mediators cannot testify or speak with attorneys and do not speak with the parties once the mediation case is closed. There are exceptions to confidentiality: 1) mandated reports to CYFD for disclosure of new child abuse/neglect allegations and 2) reports to law enforcement/others if credible threats to harm oneself or others are made during a mediation session.

Court Clinic staff are neutral and strive to guide discussions which allow parties to communicate openly and honestly about issues important to their shared child(ren). The discussions in mediation are often difficult and revolve around current and past conflicts. Mediators will assist parties during the mediation to keep a focus on the future and the best interests of the child(ren). Court Clinic staff often provide information regarding child development, the effects of conflict on children and other topics relevant to Family Court cases, always with a focus on the best interest of children.

Parties participate in the mediation session together if both are comfortable. Cases with active Domestic Violence Order of Protections and other contact restrictions typically result in separate meetings, with Court Clinic staff “shuttling” between the parties, carrying proposals and discussion topics. Parties can also request to have shuttle mediation and Court Clinic staff may also determine at any point that shuttle mediation is the best way to proceed. Parties complete a Questionnaire prior to the first mediation session that elicits information about safety, comfort level and the nature of the case.

During mediation, parties may reach agreements and develop a Parenting Plan. Court Clinic staff will type up the Parenting Plan, which will be sent to each party, and to any attorney involved, for review. There is an eleven day period provided in which to review the Parenting Plan. Parties must send any objections directly to the other party/attorney and the Court Clinic. The mediator will assist the parties to address objections. If the parties reach agreement, the Parenting Plan is submitted to the assigned judge for a signature and filing. Parties may attend additional mediation sessions to discuss additional changes to timesharing. The Court Clinic case remains open while parties continue to mediate and schedule sessions.

Please complete this questionnaire **fully** and return it to the Court Clinic by email, fax, mail or by dropping it off in-person. You will also be provided a sample Parenting Plan to complete in preparation for your appointment. Your mediation appointment **will not be scheduled** until both parties have submitted their questionnaire. If one or both parties fail to submit a completed questionnaire, the Court Clinic will file a notice of non-compliance, which may result in the closure of the Court Clinic case. Please make a copy of the questionnaire for your records and if you wish, you may refer to it during your mediation appointment.

# COURT CLINIC MEDIATION QUESTIONNAIRE

Date \_\_\_\_\_

Case number \_\_\_\_\_

Judge \_\_\_\_\_

I affirm that I \_\_\_\_\_ am the individual that completed this questionnaire.  
(Your Name Here)

Your Full Name \_\_\_\_\_

Other Names Used: \_\_\_\_\_

Preferred Language \_\_\_\_\_ Preferred Pronouns \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone #s: (cell) \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_

Email Address: \_\_\_\_\_

Ethnicity \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Your attorney \_\_\_\_\_ Attorney's phone # \_\_\_\_\_

Other Parent's Name \_\_\_\_\_

## **Current Employment:**

Employer \_\_\_\_\_

Job Title \_\_\_\_\_ Position \_\_\_\_\_

Describe your current work schedule below, include start time/end time (am/pm):

Mon	Tues	Wed	Thurs	Fri	Sat	Sun
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\_\_\_\_\_  
\_\_\_\_\_

## **Education**

Name of your high school? \_\_\_\_\_ Did you graduate? Yes  No

If yes, what year did you graduate? \_\_\_\_\_ If no, highest grade completed? \_\_\_\_\_

Did you get a GED? Yes  No  If yes, when? \_\_\_\_\_

Did you go to college? Yes  No  If yes, name of college: \_\_\_\_\_

When did you graduate college? \_\_\_\_\_ What degree? \_\_\_\_\_

Are you currently attending school? Yes  No  If yes, list your school schedule below:

\_\_\_\_\_

**Relationship History:**

Your relationship to the other individual involved in this case? \_\_\_\_\_

Your relationship to the child(ren) involved in this case? \_\_\_\_\_

Date began living together \_\_\_\_\_ Date of marriage \_\_\_\_\_

Date and reason(s) for separation

Date of divorce \_\_\_\_\_

Mediation often occurs with both parents in the same room together. Do you have any concern about mediating in the same room together with the other parent? Yes  No

If "yes" please explain:

Are you afraid of the other parent for any reason? Yes  No  If "yes" please explain:

Has the other parent ever threatened to hurt you in any way? Yes  No

If "yes" please explain:

Has the other parent ever hit you or used any other type of physical force toward you?

Yes  No  If "yes" please explain:

Have you ever called the police, requested an "Order of Protection," or sought help for yourself as a result of the actions of the other parent? Yes  No  If "yes" please explain:

Is there currently an Order of Protection? Yes  No

Expires on: \_\_\_\_\_

Are there any Court Orders that prohibit contact with the other parent? Yes  No

If yes, explain

Are you **currently** afraid that the other parent will physically harm you? Yes  No

If "yes" please explain:

Mediation is a process in which parents work together with a neutral third person. Do you believe you would be able to safely communicate with the other parent during mediation sessions with a neutral third person present? Yes  No  If "no" please explain:

Has the other parent ever threatened to deny you access to your children? Yes  No   
If "yes" please explain:

Do you have any concerns about the child(ren)'s emotional or physical safety with **you**?  
Yes  No  If "yes" please explain:

Do you have any concerns about the child(ren)'s emotional or physical safety with the **other parent**? Yes  No  If "yes" please explain:

Has Child Protective Services (CYFD) in New Mexico or any other State ever been involved with **your family**? Yes  No  If "yes" please explain

**Your Current Partner:**

Are you in a relationship? Yes  No

Name of partner: \_\_\_\_\_ Other Names Used: \_\_\_\_\_

How long have you been in this relationship? \_\_\_\_\_

Are you living with this person? Yes  No

Are you married to this person? Yes  No  Date of marriage \_\_\_\_\_

Describe your partner's role & responsibilities with your child(ren). Describe how your child(ren)

get(s) along with your partner:

**Your Current Living Situation:**

Please list all individuals who live in your home, and their relationship to you. Include adults and children and what percent of the time they are in your home.

Name and Age of Person	Relationship	% of Time in the Home
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If the child(ren) listed above do not live with you 100% of the time, what time-sharing schedule are they on and with whom?

**Joint Legal Custody:**

Joint Legal Custody is the presumption in New Mexico. Joint Legal Custody involves both parents making joint decisions regarding the child(ren)'s city of residence, religion, education, child care, non-emergency medical care, and organized recreational activities.

Do you have any concerns about sharing Joint Legal Custody with the other parent?  
Yes  No  If "yes" please explain:

**Current Time-Sharing:**

What is your current time-sharing schedule? How long have you been following this schedule?

Where and how do the exchanges occur?

**Proposed Time Sharing and Exchanges**

Please describe the timesharing plan and the place(s) of exchanges that you are proposing.

**Other:**

Have you previously been to the Court Clinic on **this** case? Yes  No   
If Yes, when and why?

Have you previously been to the Court Clinic on **another** case? Yes  No   
If yes, please provide the following

Case Number: DM/DV - \_\_\_\_\_ - \_\_\_\_\_

Name of other party \_\_\_\_\_

Describe how your child(ren) get(s) along with the other parent's partner:

**Please complete the following information for each child involved in this case:**

	Child #1	Child #2	Child #3	Child #4
Name				
Date of Birth				
Age				
Residence City and State				
Religion				
Doctor Name & phone number				
Dentist Name & phone number				
Counselor Name & phone number				
School Name, Grade & Teacher				
Child Care Provider Name & Phone				
Major organized recreational activities				



Special Needs (i.e. medical, physical, educational, medication)				
Other				

*Add an additional sheet if needed*

**Additional information you wish to provide**

**How to Prepare For Your Mediation Appointment**

Children benefit greatly when parents are able to work through conflicts and reach agreements during mediation. Research tells us that conflict between parents harms children, and that harm can be magnified when children go between two homes. Reducing the level of conflict has many positives: 1) parents are able to make joint decisions; 2) children do not get pulled into the conflict and are not turned into messengers, allies or decision-makers; 3) a burden is removed from children, allowing them to focus on what is important to them: school, friends, activities, growing and developing and enjoying their family. Please take some time to consider what part you play in continuing the conflict. Consider what steps you can take to begin to reduce the conflict.

Please review the **sample Parenting Plan** that you received and familiarize yourself with what typically goes into a Parenting Plan. Begin thinking about what you would like in your Parenting Plan. Not all of the areas will apply to each family. Think about other areas that may be specific to your family situation and let the mediator know what you believe is important to include. Please come prepared to discuss what you believe is in your child(ren)'s best interest and how you can work with the other parent/party to achieve that.

**Take some time to write/type your ideas on the sample Parenting Plan. If it is safe to do so, please share your proposed parenting plan with the other parent at least 3 days before the mediation session to allow time for other parent to review and respond.**

Come prepared to discuss issues important to your child(ren). Come prepared to look at your own assumptions about the other parent and identify potential areas of agreement.

Court Clinic Website

<https://seconddistrict.nmcourts.gov/about-this-district/family-court/family-court-clinic/>

