Alberta Government

Safety Screen

Resolution and Court Administration Services (RCAS)

This form is PRIVATE and CONFIDENTIAL. The information you provide on this form will only be available to employees of Resolution Services. It is not a court form and will not be filed with the court.

The personal information collected on this form will be used for the purpose of providing services, assessing needs, and referring to services. This collection of personal information is in compliance with section 33(c) of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection of personal information please contact the Dispute Resolution Leader at Resolution Services by telephone at 310-0000 (toll-free) and ask for the nearest Resolution Services office, or write to: Resolution Services, c/o Alberta Justice, Resolution and Court Administrative Services, 5th Floor, 9833 - 109 Street, Edmonton, AB T5K 2E8.

Should Resolution Services become aware of a perceived threat to the safety of any person, Resolution Services must report this to the appropriate authorities.

Name: _____ Date: _____

Please answer the following questions by marking the box that applies with an X. Feel free to add your own comments or examples after each question.

1.	How often have you used the courts to deal with your separation/divorce parenting issues?	☐ Never	☐ One Time	☐ 2 -3 Times	☐ 4 Or More Times
	Comments or examples:				
2.	How well do you and the other parent/person talk to each other about the children?	☐ Very well	☐ Sometimes well	☐ Poorly	☐ Very Poorly
	Comments or examples:				
3.	When you and the other parent/person can't agree on something, what usually happens?	☐ We are usually able to work it out together	☐ Sometimes we can work it out together	☐ One person makes the decision	☐ We don't work it out
	Comments or examples:				
4.	How do you decide the amount of time the child(ren) will spend with each of you?	☐ We are usually able to work it out together	☐ Sometimes we can work it out together	☐ One person makes the decision	☐ We don't work it out
	Comments or examples:				
5.	How often are your children exposed to the conflict between you and the other person?	☐ Not at all	☐ 1 or 2 times a month	☐ 1 or 2 times week	☐ Always
	Comments or examples:				
6.	What influence do you think the other parent/person has on the children's lives?	☐ Very Positive	☐ Positive	☐ Negative	☐ Very Negative
	Comments or examples:				
7.	Do you expect you will have problems working out your joint finances, managing your debt or calculating support?	☐ No Problems expected	☐ Minor problems expected	☐ Moderate problems expected	☐ Major problems expected
	Comments or examples:				

8.	Are you having difficulty coping with day-to-day activities/responsibilities?	☐ No	☐ Sometimes	☐ Most of the time	☐ Always		
	Comments or examples:						
9.	Do you or the other parent/person use drugs or alcohol to the point that it interferes with parenting?	☐ No	☐ Sometimes	☐ Often	☐ Always		
	Comments or examples:						
10.	Do you or the other parent/person have mental health issues that affect parenting?	☐ No	☐ Sometimes	☐ Most of the time	☐ Always		
	Comments or examples:						
11.	Do you feel you have people to support you through hard times?	☐ Always	☐ Most of the time	☐ Sometimes	☐ No		
	Comments or examples:						
12.	Has there been any pushing, shoving, grabbing, slapping or arm twisting between you and the other parent/person?	☐ Never	☐ 1 or 2 times	☐ 3 - 5 times	☐ More than 5 times		
	Comments or examples:						
13.	Has there been any kicking, punching, biting or throwing things between you and the other parent/person?	☐ Never	☐ 1 or 2 times	☐ 3 - 5 times	☐ More than 5 times		
	Comments or examples:						
14.	Has there been any coercion, threats to harm, or stalking between you and the other parent/person?	☐ Never	☐ 1 or 2 times	☐ 3 - 5 times	☐ More than 5 times		
	Comments or examples:						
15.	Has there been any choking, burning, or using guns or knives between you and the other parent/person?	☐ Never	☐ 1 or 2 times	☐ 3 - 5 times	☐ More than 5 times		
	Comments or examples:						
16.	Has there been any forced or unwanted sexual behaviour between you and the other parent/person?	☐ Never	☐ 1 or 2 times	☐ 3 - 5 times	☐ More than 5 times		
	Comments or examples:						
17.	Has the other parent/person been abusive towards you in any other way?	☐ Never	☐ 1 or 2 times	☐ 3 - 5 times	☐ More than 5 times		
	Comments or examples:						

18.	Have you been abusive towards the other parent/person in any other way	☐	Never	☐	1 or 2 times	☐	3 - 5 times	☐ More than 5 times
Comments or examples:								
19.	Have you ever received medical help for injuries caused by the other parent/person?	☐	Never	☐	1 or 2 times	☐	3 - 5 times	☐ More than 5 times
Comments or examples:								
20.	Do you have concerns for your safety at this time?	☐	Never	☐	Sometimes	☐	Often	☐ Always
Comments or examples:								
21.	Do you have concerns about the safety of the children?	☐	No	☐	Sometimes	☐	Strong Concerns	☐ Always
Comments or examples:								
22.	Do you have concerns about the children's adjustment to the separation?	☐	No	☐	Sometimes	☐	Strong concerns	☐ Vert strong concerns
Comments or examples:								

Additional Comments:

Assessor Completion