

**SAFETY RISK ASSESSMENT FORM**  
**(THIS INFORMATION WILL REMAIN CONFIDENTIAL)**

Please return within 7 days to:  
Outagamie County Family Court Services  
320 S. Walnut St.  
Appleton, WI 54911-5985  
[joshua.escher@outagamie.org](mailto:joshua.escher@outagamie.org)  
Fax: (920) 832-4418

YES NO

1. Do you have any concerns about the children’s emotional or physical safety when with the other parent? \_\_\_\_\_  
If yes, was \_\_\_ Child Protective Services or \_\_\_ the police involved? \_\_\_\_\_  
When and what was the outcome? \_\_\_\_\_

2. Did the other parent ever frighten or intimidate you by \_\_\_ making threats to \_\_\_ hurt and/or \_\_\_ kill you, \_\_\_ making threats to harm your pet? \_\_\_\_\_  
\_\_\_ following you around, \_\_\_ harassing you on the phone, or  
\_\_\_ other (describe \_\_\_\_\_)?

3. Did the other parent ever destroy: \_\_\_ your property; \_\_\_\_\_  
\_\_\_ damage the car; \_\_\_ put a fist through a wall; or \_\_\_ other  
(describe \_\_\_\_\_)?

4. Did the other parent ever do anything to hurt you physically, even if it didn’t leave any marks or you didn’t report it? \_\_\_\_\_  
(describe \_\_\_\_\_)  
How often did this occur/last occurrence? \_\_\_\_\_

5. Did the other parent ever use a weapon such as a \_\_\_ gun, \_\_\_ knife, \_\_\_\_\_  
\_\_\_ car, or \_\_\_ other (describe \_\_\_\_\_) to threaten or to injure you? \_\_\_\_\_

6. Was \_\_\_ alcohol or \_\_\_ drug abuse a significant factor within the relationship? By whom? \_\_\_\_\_

7. Do you currently have a Domestic Abuse or Harassment Restraining Order in effect? If yes, when does it expire? \_\_\_\_\_

8. Have you ever had a Domestic Abuse or Harassment Restraining Order against the other parent? If so, when? \_\_\_\_\_

9. Do you have concerns about your safety when coming to or leaving the courthouse complex for appointments or court hearings? \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_.

10. Do you have any safety concerns should you disagree with the other parent during mediation? \_\_\_\_\_

11. Do you feel you can be honest about expressing what you think is in your child’s best interest, even if the other parent disagrees? \_\_\_\_\_

12. Do you have any concerns about the other parent maintaining privacy during this process if appointments are held via Zoom? \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_.

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

Name of Other Parent: \_\_\_\_\_