

Client Information

Complete and return to: Reclaim Leadership PO BOX 116681 Carrollton, TX 75011

1. Personal Information

Date _____

Name _____ Age _____

Mailing address _____ Zip _____

Email address _____

Phone: Daytime () _____ Evening () _____ Fax () _____

Referred by _____, who lives in _____.

He/she is a:

Former conciliation client Pastor/church leader Attorney Other

Education (last level completed) _____ Type/major _____

Occupation _____ Employer _____ Since _____

Physical health: Very good Good Poor Recent major illness, injury, or disability (describe below)

Marital Status (mark all that apply): Never married Widowed Divorced _____ time(s)
 Now married _____ yrs Now separated _____ months

Spouse's name _____ Age _____ Occupation _____

Education (last level completed) _____ Type/major _____

If this is a family or marital dispute, please give the names and ages of your children:

If you have talked with an attorney about your problem, or intend to, please provide the following information:

Attorney _____ Firm _____
Address _____ Phone () _____

Has a legal action been filed or is one likely to be filed in this situation? No Yes
(If yes, give dates and describe action below.)

Have you received advice from anyone else regarding this situation? No Yes
(If yes, give names and dates below.)

2. Religious Background

We have found that a person's religious background can have a significant impact on how he or she deals with conflict. In order for us to be sensitive to your personal convictions, it is helpful for us to receive the following information.

Religion: None Christian Jewish Agnostic Other _____

Please describe your religious upbringing:

Do you believe in God? No Yes Uncertain If yes or uncertain:

How often do you pray to God? Daily Weekly Occasionally Never

Do you believe that when you die you will be with God eternally? No Yes Uncertain

Why?

Have there been any recent significant changes in your spiritual life? No Yes (describe below)

If you currently belong to or attend a church, please provide the following information:

Church _____ Pastor _____

Address _____ Phone _____

Are you a member? No Yes, since

How often do you attend church meetings? _____ times per week Occasionally Never

Describe any church leadership positions you hold or activities you are involved in:

How often do you read or study the Bible? Daily Weekly Occasionally Never

What is your opinion of the Bible?

- I don't know enough about the Bible to have an opinion.
- It is a book that contains helpful principles that I am free to follow or disregard as I think best.
- It is a book that was inspired by God and that contains helpful principles and instructions that I should follow unless I believe there is a good reason to do otherwise.
- It is a book that was inspired by God and that contains helpful principles, instructions, and commands that I should follow regardless of my feelings or preferences.
- Other: _____

Who, if anyone, has the most influence on your religious or spiritual life?
(Please give names and relationships)

3. Information on the Other Person

Please provide as much information as possible regarding the other person in this dispute. If there is more than one other person, please mark the box below and provide the same information about the additional person/people on the back of this sheet.

See back of sheet for additional information

Name _____ Age _____ Occupation _____

Relationship with you _____ For how long? _____

Mailing address _____ Zip _____

Phone: Daytime () _____ Evening () _____ Fax () _____

Church _____ Attorney _____

Please provide as much information as possible on this person's religious orientation and commitment:

4. Information on Your Problem or Dispute

Before you complete this section, please read all six questions so that you can see how to organize your answers.

a. Briefly describe your problem or dispute (you can give us more detailed information later during an interview):

b. What have you done to try to resolve this problem or dispute?

c. What issues or questions do you want to have resolved or answered?

d. What do you want us to do? (What are your hopes and expectations in seeking us out?)

e. What do you want from the other party? If this is a legal matter, what claim or remedy do you seek?
(Include dollar amount, if any.)

f. Is there any other information we should know?

Release of Information

For the records of: _____
(Name, Printed) (Birth date)

I hereby grant permission for the full and complete exchange of information between:

_____ Reclaim Leadership's Conciliation Team _____

and

I understand that this information may include observations, diagnoses, counsel, recommendations and/or treatment recommended or received.

I further understand that I may revoke this authorization at any time with a written request, which shall not affect any other confidentiality agreements I make in regard to this matter. Otherwise, this consent will automatically expire 180 days from the date listed below.

Signature: _____

Address: _____

Date: _____

Witness: _____

Date: _____

