

Conflict Resolution & Conciliation Services
Client Information – Business Relationship Conciliation Case

Date _____

Your Name _____ Age _____

Mailing address _____

City/State _____ Zip _____

Phone: Daytime () _____ Evening () _____ Cel () _____

Fax () _____ E-Mail _____

Referred by _____ who lives in _____. He/she is a:

Former conciliation client Pastor/church leader Attorney Other _____

Or, if you learned about us through a directory listing or website, which one? _____

Education (last level completed) _____ Type/major _____

Occupation _____ Employer _____ Since _____

Religious Faith: None Christian Jewish Muslim Agnostic Other _____

Marital Status: (Mark as applies) Never married Widowed Divorced Now Separated _____ months

Now Married _____ yrs to _____

Children's names/ages _____

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

Name of business: _____ In operation since: _____

Mailing address _____

City/State _____ Zip _____

Type of Business: _____

Others involved, including name, age, relationship to you, role in business, and duration of involvement:

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

What do you want us to do? (What are your hopes and expectations in coming here?) *Please provide us a description of your circumstances on page 3.*

Is there any other information we should know?

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.

Regarding Yourself:

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)

Regarding the Other Person:

Please provide as much information as possible on your perception of the religious orientation and commitment of others involved:

Information on Your Problem or Conflict

a. Briefly describe the circumstances that have led you to seek assistance in dealing with conflict or discord. (you can give us more detailed information later during an interview):

b. Briefly describe any communication difficulties with the other party, and under what circumstances such difficulties occur.

c. What have you done to try to deal this conflict or discord?

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

f. What do you want from the other party?