

# Conflict Resolution & Conciliation Services

## Client Information Form

Date \_\_\_\_\_

Your Name \_\_\_\_\_ Age \_\_\_\_\_

Mailing address \_\_\_\_\_

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

Phone: Daytime ( ) \_\_\_\_\_ Evening ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

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)

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

Attorney \_\_\_\_\_ Firm \_\_\_\_\_

Street Address \_\_\_\_\_ Phone \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_ Fax \_\_\_\_\_

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.)

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 4.*

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 regularly 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)

**Information on Other Party and Participants:**

*Please provide information about each other party and each other individual who you anticipate would participate in conciliation with you or the other party. Please complete a separate copy of this page for each party and anticipated additional participant.*

\_\_\_ Other Party; \_\_\_ Additional participant with other party; \_\_\_ Additional participant with you  
Name \_\_\_\_\_ Age \_\_\_\_\_

Mailing address \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Daytime ( ) \_\_\_\_\_ Evening ( ) \_\_\_\_\_ Cel ( ) \_\_\_\_\_  
Fax ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

If other party/participant represents an organization or carries on a business involved in this dispute:

Their role in the organization or business: \_\_\_\_\_

Name of Organization/Business: \_\_\_\_\_

Mailing address \_\_\_\_\_

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

Type of Organization/Business: \_\_\_\_\_

Other party's relationship with you \_\_\_\_\_ How Long? \_\_\_\_\_

**For Additional Participants – What is the individual's connection to the matters in dispute?**

**Please provide as much information as possible about the person's religious orientation and commitment.**

**Preliminary Statement of Issues and Remedies**

*This page will be provided to the other party to inform the other party of the nature of the dispute that has been submitted to us for resolution. Please complete this page thoughtfully, using words that are clear, gracious, and respectful. CR†CS will combine the parties' preliminary statements of issues into a joint statement of issues that the parties will be asked to approve prior to commencing mediation/arbitration, or arbitration.*

**Please describe your dispute in one or two sentences.**

**The subject matter of this conflict involves (Please check all that apply):**

<input type="checkbox"/>	Creditor/Debtor	<input type="checkbox"/>	Consumer	<input type="checkbox"/>	Legal Malpractice	<input type="checkbox"/>	Personal Injury/Tort
<input type="checkbox"/>	Church	<input type="checkbox"/>	Discrimination	<input type="checkbox"/>	Lease (Commercial)	<input type="checkbox"/>	Probate
<input type="checkbox"/>	Construction	<input type="checkbox"/>	Employment	<input type="checkbox"/>	Landlord/Tenant	<input type="checkbox"/>	Property Damage
<input type="checkbox"/>	Contract	<input type="checkbox"/>	Estate Planning	<input type="checkbox"/>	Ministry	<input type="checkbox"/>	Professional
<input type="checkbox"/>	Criminal	<input type="checkbox"/>	Family Conflict	<input type="checkbox"/>	Miscellaneous	<input type="checkbox"/>	Real Estate
<input type="checkbox"/>	Corporate	<input type="checkbox"/>	Harassment	<input type="checkbox"/>	Medical Malpractice	<input type="checkbox"/>	School
<input type="checkbox"/>	Consumer	<input type="checkbox"/>	Intellectual Property	<input type="checkbox"/>	Neighbor	<input type="checkbox"/>	Sexual Abuse
<input type="checkbox"/>	Civil	<input type="checkbox"/>	Juvenile	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Tax

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

**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.)**