



INTAKE FORM

1. PERSONAL INFORMATION

Name: _____ Date: _____

Address: _____

Phone: Daytime (____) ____ - ____ Evening (____) ____ - ____ Fax (____) ____ - ____

Marital Status (Mark all that apply): Married Divorced Single Separated Widowed

Spouse's Name: _____

Does an attorney represent you? Yes No

2. INFORMATION ABOUT THE OTHER PERSON

Name: _____

Relationship to you: _____

Address: _____

Phone: Daytime (____) ____ - ____ Evening (____) ____ - ____ Fax (____) ____ - ____

Does an attorney represent you? Yes No

3. INFORMATION ABOUT YOUR PROBLEM OR DISPUTE

(a) Briefly describe your dispute. If you need more space than what is provided to describe your dispute, please attach a separate document with your answer:

(b) What have you done to resolve dispute?

(c) What issues or questions do you want resolved or answered?

(d) What do you expect from reconciliation?

(e) What do you want from the other party?:

(f) Is there any other information we should know?

4. RELIGIOUS BACKGROUND

A person's religious background can have a significant impact on how he/she deals with conflict. For us to be sensitive to your personal convictions, it is helpful that we have the following:

Religion: None Christian Agnostic Jewish Other

Do you believe in God? Yes No Uncertain

If yes, when did you make your decision to follow Christ?

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

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

Do you believe when you die you'll be with God eternally? Yes No Uncertain

Why?

Church Home: _____

Pastor: _____

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

P. O. Box 3911
Cedar Hill, Texas 75106
972-325-6035

oletha.barnett@conciliationservices.com

CONCILIATIONSERVICES.COM

