

Reconciliation Intake

1. Personal Information

Name _____ Date _____

Address _____

Phone Daytime () - Evening () - Fax () -

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

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 _____

(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 _____

OCBF Member Yes No

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