

Names, ages, and last 4 of SSN of your children and/or stepchildren (if any):

Child's Name D.O.B. ____/____/____ Last 4 of SSN

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Have you received advice from anyone else regarding this situation? No Yes

Please provide names and dates. _____

How may we serve you? What are your expectations in contacting us? (Attach additional pages)

Is there any other information we would find helpful or should know? (Attach additional pages)

Spiritual Background

It is our experience that a person's spirituality can impact how they deal with conflict. So that we may be sensitive to your convictions, please provide the following information.

Please describe your spiritual/religious upbringing _____

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

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

When you die, will you be with God eternally? No Yes Uncertain

Why? _____

Have there been any recent significant changes in your spiritual life? No Yes

(Please describe) _____

If you presently attend a house of worship, please provide the following:

Name

Leader's Name

Street Address, City/State/Zip Code

Are you a member? No Yes, since _____. How often do you attend? _____ times per _____

Do you hold any position(s) of leadership or participate in activities? (Please describe)

Is your pastor aware of the conflict? No Yes . Do you give permission for your pastor to be aware or involved? No Yes . If yes, provide your Pastor's Email _____

Spiritual reading routine: Daily Weekly Occasionally Never

Your opinion of the Bible:

- I don't know enough to have an opinion.
- It contains helpful principles that I'm free to follow or disregard as I think best.
- It was inspired by God and contains helpful principles and instructions I should follow unless I believe there's good reason to do otherwise.
- It was inspired by God and contains helpful principles, instructions and commands that I should follow regardless of my feelings or preferences.
- Other (Please describe) _____

Who, if anyone, has had the most influence on your spiritual life? (Please provide name(s) and relationship(s))

What's your perception of the other person(s) spiritual orientation and commitment?

Problem or Conflict Background

1. **Briefly** describe the circumstances that led you to seek assistance in dealing with this discord. (More detailed information will be provided during your intake session)

2. **Briefly** describe any communication difficulties with the other party. Under what circumstance do such problems occur?

3. What have you done to deal with this conflict or discord?

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

5. What do you want from the other party?
