



Personal or Company Questionnaire - Civil

I am seeking to resolve by Arbitration: a consumer dispute with a vendor or service provider
 a business dispute with a customer or vendor an injury or malpractice claim
 a property dispute a contract dispute an insurance claim a construction dispute
 Other: _____

Your Name _____

Mailing address _____

City/State/Zip _____

Best Phone: Daytime Evening Cell _____

E-Mail _____@_____._____

Your business Info (if Applicable): _____
Business Name In Operation Since

Type of Business Your Role in Business

Business Mailing Address, City/State/Zip Code

How did you find us? Pastor/Church Leader _____
 Attorney/Counselor _____
 Directory/Web Search _____
 Other _____

Education _____ School/College/Univ _____
Level/Field of Study Name

Occupation _____ Employer _____ Since _____

Religious Faith: None Christian Jewish Muslim Hindu Other _____

Health: Good Fair Poor Recent Surgery/Major Illness/Disability

(Detail): _____

With whom are you in conflict? _____
Name(s) - Company and Representative

Mail Address, City/State/Zip Code

Type of Business (If Applicable): _____

Their Best Phone: Daytime Evening Cell _____

E-Mail _____@_____._____

Others involved, include name, relationship to you, role in circumstances, and length of involvement:

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

Please provide names and dates. _____

Briefly describe the circumstances that led you to seek Arbitration to resolve this dispute, including what, if any, efforts there have been to seek settlement this dispute before submitting it to arbitration.

Would you consider Mediation prior to Arbitration for a final try at settlement or to narrow the issues to be arbitrated (Referred to as Mediation / Arbitration)? No Yes Uncertain If No or Uncertain, why?

Provide details of what the dispute involves, the issues to be resolved or the questions to be answered through conciliation, and the claims and remedies sought on the Demand to Initiate Arbitration or the Statement of Issues and Remedies attachment to the Submission to Arbitration Agreement Form, as applicable.

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 to 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?
