

Client Information: Individual Party or Organizational Representative

The information provided on this form will be used in accordance with the confidentiality provisions set forth in Rules 16 and 17 of the Rules of Procedure for Christian Conciliation of the Institute for Christian Conciliation (ICC), a division of Peacemaker® Ministries, for purposes of case administration and conciliator selection. Except for page 5, this information will not be provided to the other party or to an arbitrator; a copy will be provided to a mediator, if the parties are pursuing mediation or mediation/arbitration.

Date Submitted

1. Individual Party/Organizational Representative

Please complete this section for each individual participating.

If you are representing a corporate or organizational party, please also complete the Client Information: Corporate or Organizational Party Form.

Name

Age

Address

City

State

Zip/Postal Code

Country

Daytime Phone

Evening Phone

Fax Number

E-mail Address

Referred by

The person referring you lives in

Please check any box below that describes the person who referred you to PacePeace Conciliation Services:

Former conciliation client Pastor/church leader Attorney Other _____

Education (last level completed)

Type/major

Occupation

Employer

Since

Please describe any internal or external factors that may impact the time, energy, or focus you can devote to resolving this conflict and/or to reconciling this relationship.

Marital Status (mark all that apply): Never married Widowed Divorced ____ time(s)

Now married ____ yrs Now separated ____ months

Spouse's name

Age

Occupation

Education (last level completed)

Type/major

If this is a family or marital dispute, please give the names and ages of your children:

If you are consulting an attorney about this dispute, please provide the following information.

Attorney		Firm	
Address			
City	State	Zip/Postal Code	Country
Daytime Phone	Evening Phone	Fax Number	E-mail Address

Has a legal action been filed or is one likely to be filed in this situation? Yes No
If yes, give dates and describe action below.

Have you received advice from anyone else regarding this situation? Yes No
If yes, give names and dates below.

2. Personal Religious Background
We have found that religious background can have a significant impact on how one deals with conflict. In order for PacePeace Conciliation Services to be sensitive to your personal convictions, it is helpful for us to receive the following information.

Religion: None Christian Jewish Agnostic Other _____

Please describe your religious upbringing:

Do you believe in God? Yes No Uncertain

If you believe in God or are 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? Yes No Uncertain

Why?

Have there been any recent significant changes in your spiritual life? Yes (describe below) No

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)

If you regularly attend a particular church, please provide the following information:

Church		Pastor	
Address			
City	State	Zip/Postal Code	Country
Daytime Phone	Evening Phone	Fax Number	E-mail Address

What do you want us to do? (What are your hopes and expectations in coming to PacePeace Conciliation Services?) You may give a more detailed description of the conflict on page 5.

Is there any other information that would be helpful for PacePeace Conciliation Services to know?

3. Other Party: Individual Party/Organizational Representative

Please complete this section for each other individual who may participate in conciliation. If another party is a corporate or organizational entity, please also complete Client Information: Corporate or Organizational Party Form.

Name	Age
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Address

City	State	Zip/Postal Code	Country
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Daytime Phone	Evening Phone	Fax Number	E-mail Address
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Relationship with you	How long?
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Please provide as much information as possible about this person's religious orientation and commitment.

4. Preliminary Statement of Issues and Remedies

If this matter proceeds to mediation, mediation/arbitration, or arbitration, this page may be provided to the other party to inform the other party of the nature of the claim that has been submitted to Christian conciliation.

Please complete this page thoughtfully, using words that are clear, gracious, and respectful. PacePeace Conciliation Services will combine the parties' preliminary statements of issues into a joint statement of issues that the parties will be asked to approve prior to signing a mediation, mediation/arbitration, or arbitration agreement.

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