

Christian Conciliation Information Form: Organization

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, for purposes of case administration and conciliator selection. This information will not be provided to other participants or to an arbitrator; a copy will be provided to the mediator if pursuing mediation or mediation/arbitration.

Date Completed:	Date Received by Administrator:
-----------------	---------------------------------

Name (Please list all organizational representatives to whom communication should be copied)

Name of Organization

Contact Information: (Addresses and telephone numbers at which we may contact you regarding this dispute and conciliation)

Email Address:

Mailing Address:

City:	State:	Zip/Postal Code:	Country:
-------	--------	------------------	----------

Daytime Telephone:	Evening Telephone:	Facsimile Number:
--------------------	--------------------	-------------------

Referred By:	Who Lives:
--------------	------------

Religion:

None
 Christian
 Jewish
 Agnostic
 Other

Do you believe in God?

How often do you read or study the Bible?

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 contains helpful principles, instructions, and commands that I should follow regardless of my feelings or preferences.
 Other

Church Name:	Pastor:
--------------	---------

Church Address:

City:	State:	Zip/Postal Code:	Country:
-------	--------	------------------	----------

If you are consulting with an attorney about this dispute and request the Case Administrator to send the attorney copies of correspondence, please provide the follow Section:			
Attorney:			
Address:			
City:	State:	Zip/Postal Code:	Country:
Has a legal action been filed? If yes, list date and action:			
Information About the Party With Whom You Are in Conflict:			
Name:			
Name of Organization (if applicable)			
Address:			
City:	State:	Zip/Postal Code:	Country:
Telephone:	Facsimile:	Email:	

PRELIMINARY STATEMENT OF ISSUES AND REMEDIES

The following questions are designed to assist the Institute for Christian Conciliation (ICC) in developing an Issues Statement for your case. The answers will also assist the ICC in appointing or nominating conciliator(s) whom are gifted to your conflict or dispute. *A copy of this page may be provided to the other party(s).* Please frame your responses in a conciliatory manner to promote dialogue with the conciliator and other party(s).

Please describe your dispute or conflict in three or four sentences:

What do you want the ICC to do?

The questions which are to be answered through conciliation are:

The claims and/or remedies I seek are: