



Optional Form: Justice Center

Religious Questionnaire

Put Your Name Here:

Your Name: _____

OFFICE ONLY:

Client #: _____ Case #: _____

*“As a faith based organization, we have found that a person’s religious background can have a significant impact on how he or she deals with a legal, financial or other conflict. In order for us to be sensitive to your personal convictions, it is helpful for us to receive the following information. **You do not have to complete this section.** Your answers will in no way affect your ability to receive services from us. We want to assist you regardless of your religion, race, national origin, sex, age, disability or status.”*

Do You Believe in God?

Yes No Uncertain

Do You Pray?

Daily Weekly Rarely Never

Urgent Prayer
Request: _____

Do You Believe You Should Follow The Bible's Instructions?

Yes No Uncertain

Why? _____

How Often Do You Read The Bible?

Daily Weekly Rarely Never

Favorite
Part: _____

Do You Believe You Will Live In Heaven When You Die?

Yes No Uncertain

Why? _____

Recent Changes In Your Spiritual Life?

No Change More Spiritual Less Spiritual

Describe: _____

Do You Attend a Church or Religious Service?

Active Involvement Attendance Only Occassionally Never

Church: _____ Pastor: _____

City: _____ Phone: _____

What Do You Do There? _____

Who Has Most Influenced Your Spiritual Life (Names and Relationships)?

Name: _____ Relationship: _____

Name: _____ Relationship: _____

What Is The Other Party's Religious Orientation or Commitment?
