



We desire to do all we can to assist you in overcoming the obstacles you are currently facing. God is the author of hope and ever present help in your time of need. You are neither forsaken nor forgotten. In order to prepare for our time together please be thorough in answering the following questions.

**Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Your Current Marital Status**

Married     Divorced     Separated     Widowed

**Your Parents Current Marital Status**

Married     Divorced     Separated     Widowed

**Have you been Born Again?**     YES     NO

**Describe your relationship with Christ:**

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**Describe your daily devotional life (Time spent in the Bible, prayer, etc each day):**

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**Describe your level of Church attendance:**

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**Do you use drugs or alcohol?**     YES     NO

If Yes, how often? \_\_\_\_\_

#\_\_\_\_\_

Do you want this marriage to work?        YES                        NO

**What will be the purpose of our time together? (what do you hope to accomplish)**

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**What is the problem/s will we be addressing in our time together?**

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**Are you willing to change where the Word of God requires change?**

   YES                        NO

**On a scale of 1-10 (10 being best, 1 being worst ) please rate your relationship with your spouse in the following areas:**

Sex

1    2    3    4    5    6    7    8    9    10

Communication

1    2    3    4    5    6    7    8    9    10

Finances

1    2    3    4    5    6    7    8    9    10

Emotional Stability

1    2    3    4    5    6    7    8    9    10

Affection

1    2    3    4    5    6    7    8    9    10

Approval

1    2    3    4    5    6    7    8    9    10

Acceptance

1    2    3    4    5    6    7    8    9    10

Respect

1    2    3    4    5    6    7    8    9    10

Affirmation

1    2    3    4    5    6    7    8    9    10