

Jamie Barrera Ministries
Counseling/Deliverance Questionnaire

The purpose of this questionnaire is to obtain information that will be helpful to your counselor in determining the prospect of demonization and the Inroads or open doors through which the demonic powers have gained entrance into the counselee's life, for the the objective of deliverance, spiritual warfare, and counseling. The information you provide as well as all matters discussed during counseling are completely confidential. and this sheet is only available to Jamie Barrera Ministries and will not be seen by anyone else. Responses to all questions are entirely optional. However, the more Information you provide, the more easily we will be able to help you. Complete honesty and forthrightness with yourself, God, and your counselor is essential to effective counseling and deliverance.

Name: _____ Age: _____ Sex _____

Address _____ City/State _____ Zip _____

Phone# _____ E-mail _____

Marital Status: Single Married Divorced Remarried Widowed
How Many Times Have You Been Married? _____

Please answer the following briefly:

1. What is your church background / Affiliation?

2. Explain briefly your conversion experience. If you came to Christ as a teenager or older, was your life really changed?

3. Were you baptized or dedicated as a child? Yes No
Were you baptized since you've been born again? Yes No

4. In one word, who is Jesus Christ to you?

5. What does the blood of Calvary mean to you?

6. Is repentance part of your Christian life?

7. What is your prayer life like?

8. Do you have assurance of salvation?

Year Saved: _____ Age When Saved: _____ Year Water Baptized: _____
Year Spirit Baptized: _____ Age Spirit Baptized: _____ Do you speak in tongues? Yes No

9. Do you follow the biblical principle of tithe / offering?

10. Do you have a problem with doubt and unbelief in everyday Christian living?

11. Are you satisfied with your Christian walk? Yes No
If not, how would you like to see it improve?

The purpose is to help determine possible entryways for evil spirits... obviously, generational/ancestral permission as forewarned in Exodus 20:5 is a possibility in anyone's life. There are 30 ancestors in your history that could have passed a spirit on to you. Most likely, you only know about your parents and each of their two parents.

CATEGORY A (circle all answers that apply)

1. Was your relationship with your parents: Good Bad Indifferent (circle one)
Explain: Did they Speak blessings: *"I'm proud of you", "You are beautiful"* | Curse words: *"You'll amount to nothing", "You're ugly"*

a. Was your father (circle) passive strong manipulative neither
Were you friends? Yes No Sort of
Describe briefly your relationship with your father:

b. Any special problems with your father?

c. Was your mother: passive strong manipulative neither
 Were you friends? Yes No Sort of
 Describe briefly your relationship with your mother:

d. Any special problems with your mother?

2. a. Were you a planned child? Yes No Don't Know
 b. The "right sex" for your mother? Yes No Don't Know
 The "right sex" for your father? Yes No Don't Know
 c. Did your parents favor one of your siblings over you? Yes No Don't Know

Who and in what way?

- | | | | |
|---|-----|----|------------|
| d. Were you conceived out of wedlock? | Yes | No | Don't Know |
| e. Were you adopted? | Yes | No | Don't Know |
| f. The result of a violent conception (i.e. rape) | Yes | No | Don't Know |
| g. If adopted, do you know anything about your natural parents? | | | |

- h. Do you know if your mother suffered any trauma during her pregnancy with you?
Physical trauma?

Emotional trauma?

- | | | |
|---|-----------|----|
| i. Was your birth difficult or complicated?
If yes, in what way? | Yes | No |
| . | | |
| j. Were you "bonded at birth"?
A breast-fed baby? | Yes | No |
| | Yes | No |
| k. Do you have brothers and sisters? | Yes | No |
| Name _____ | Age _____ | |
| _____ | _____ | |
| _____ | _____ | |
| _____ | _____ | |

Where do you fall in the sibling line?

How was your relationship with them growing up?

What is it like now?

Any special problems or traumatic experiences? Please explain:

(abortion, murder, rape, molestation, incest, substance, emotion or physical abuse, controlling, manipulation, thief, sudden death of a loved one, etc)

3. Are your parents living?	Mother?	Yes	No
	Father?	Yes	No
Are they Christians?	Mother?	Yes	No
	Father?	Yes	No
Living together?		Yes	No
Divorced?		Yes	No
Remarried?		Yes	No

If parent(s) is deceased, at what age did they die?

- Mother
- Father

If grandparents are deceased, at what age did they die?

- Maternal grandmother
- Maternal grandfather
- Paternal grandmother
- Paternal grandfather

Have any other members of your family died before the age of 60?

If so, who?

How is your relationship with stepparents?

Are they Christians?

Step brothers?

Step Sisters?

How was your relationship growing up?

How is your relationship now?

- 4 Are you a people pleaser (do you jeopardize yourself to please others)? Yes No Maybe
In what way?

5. Are you a critical person? Yes No Maybe
If yes, of whom are you critical?

Of what activities, habits or characteristics are you most critical?

(gossip, lying, blasphemy, criticism, anger fits, uncontrollable temper, judgmental, everyone is wrong but you are right, victim mentality, fault finder, do you look down on people because of social or economic status)

Do you feel superior to people of whom you are critical? Yes No Maybe

6. Do you feel emotionally immature? Yes No Maybe

What is your emotional age?

7. Tell us about your self-image (circle where applicable):
- | | |
|-----------------------------|------------------------|
| Low self-image | Feel insecure |
| Condemn myself | Hate myself |
| Feel worthless | Believe I am a failure |
| Feel inferior | Question my identity |
| Punish myself (if so, how?) | |
| Mental | |
| Emotional | |
| Physical | |
| Sexual | |
8. Was yours a happy home during childhood? Yes No
Describe briefly:
9. How would you describe your family's financial situation when you were a child?
- Poor
Slight financial struggles
Moderate income
Affluent
10. Did your parents tithe? Yes No
Do you currently tithe? Yes No
11. Were you lonely as a teenager? Yes Sometimes No
Explain:
12. Do you experience a mixture of anger, resentment, bitterness, revenge, rage, feelings or actions of violence? Yes No
Explain.

- 13. How many times have you been married?
- Current spouse's name?
- How long have you been married to your current spouse?
- How would you describe your relationship?

- 14. Previous spouse's name?
- How long were you married?
- How would you describe your relationship?

Why and how did it end?

**Please use the back of this page to list other spouses and to describe your relationships.*

- 15. Have you had any serious romantic relationships not involving marriage, i.e. lived with someone, but never got married? Yes No
- Name of person
- How long were you together?
- How would you describe your relationship?

Why and how did it end?

16. How many children to you have? Ages:
 How is your relationship with them?

Any special problems, past or present?

17 . Has lying or stealing been a problem to you?	Yes	No
Is it now?	Yes	No
Do you exaggerate?	Yes	No

18. Do you have trouble giving or receiving love?	No	At times	Yes
---	----	----------	-----

19. Do you find it easy to communicate with persons close to you?	
I have real difficulty	I am unwilling
I have some problems at times	It's easy

20. Are you a perfectionist?	Yes	No
Were (are) your parents perfectionists?	Yes	No

21. Do you come from a proud family?	Yes	No
--------------------------------------	-----	----

22. Do you personally have a problem with pride?	Yes	No
--	-----	----

23. Have you had advanced education?	Yes	No
If so, what?		

24. Do you have a history of conflict with those in authority over you, i.e. teachers, bosses, pastors, etc.

Yes No

If so, please describe.

25. Do you have or have you had problems with (circle all applicable):

Impatience	Used to	Now	Irritability	Used to	Now	Temper	Used to	Now
Racial prejudice	Used to	Now	Moodiness	Used to	Now	Rebellion	Used to	Now
Violence	Used to	Now	Defensiveness	Used to	Now	Stubbornness	Used to	Now
Anger	Used to	Now	Temptation to murder	Used to	Now			

26. Have you been given to:

Swearing Blasphemies Obscenities

Do you now:

Swear Blaspheme Use obscenities

27. Think over your life and list any times you've been hurt or suffered an injustice. Ask God to remind you of specific incidents, large or small.

These incidents can involve parents, family members, siblings, spouses, children, friends, pastors, bosses, teachers, neighbors, or even total strangers.

Don't be concerned with *why* they did what they did; if it hurt you, please include it. For example, has anyone ever treated you unfairly? Has anyone ever done anything that hurt your feelings? Can you remember anytime when you cried or felt like crying because of something someone did to you? Did anyone ever embarrass you, leave you out, abandon you, or frighten you? **(Note: Please take your time with this. If it comes to your mind during this time, it is probably the Holy Spirit reminding you, so include it in the list.)**

Pre-school years:

Grade school years:

Middle school and High School:

College or Young Adult years: (fraternity / sorority involvement)

Incidents in Marriage:

Incidents at Work:

Incidents at Church:

Incidents involving Friends:

Incidents involving people you dated or wanted to date:

Recent incidents:

Please list accidents, surgeries or injuries that come to your mind as being frightening to you at the time:

CATEGORY B

- | | | | | | | |
|---|-------------------|-------------|-------------|--------|------------|---------------|
| 1. Are you easily frustrated? | Yes | No | | | | |
| Do you show it or bury it? | Show | Bury | | | | |
| 2. Are you: | An anxious person | Worrier | Depressed | lonely | inadequacy | perfectionist |
| 3. Did either of your parents or grandparents suffer from depression? | Yes | No | | | | |
| Father | Mother | Grandfather | Grandmother | | | |

4. Have you or has any parent, brother, sister, grandparent suffered from acute nervousness or a mental problem, such as schizophrenia bipolar disorder or obsessive compulsive disorder?
- | | | |
|------|----------|----|
| | Yes | No |
| Who? | Problem? | |
5. Have you personally ever had psychiatric counseling? Yes No
Hospitalization for psychiatric treatment? Yes No
Other hospitalization Yes No
Shock Treatment? Yes No
Psychoanalysis? Yes No
Been under anesthesia? Yes No
Been intoxicated (alcohol) Yes No
Used drugs inducing a passive-mind state? Yes No
(prescription or non-prescription)
Had a fever with delirium? Yes No
Been unconscious? Yes No
Other Yes No
6. Have you ever been hypnotized? Yes No
If so, when and why?
7. Are you currently taking any medication for depression, anxiety, panic or pain, or an anti-psychotic drug?
If so, what are you taking, what is the dosage and how often are you taking it.
8. Since you have been taking it, do you have difficulty concentrating and focusing or is it easier?
9. Have you, your parents, or grandparents been in any cults (circle where applicable):
- | | | | | | |
|------------------------------|--------|--------|------------------------------|--------|--------|
| Christian Science | Myself | Others | Armstrong Worldwide COG | Myself | Others |
| Anthroposophy | Myself | Others | Rosicrucian | Myself | Others |
| Jehovah's Witnesses | Myself | Others | Gurus | Myself | Others |
| Mormons | Myself | Others | Unification Church (Moonies) | Myself | Others |
| Unity | Myself | Others | Spiritist churches | Myself | Others |
| Children of Love | Myself | Others | Christadelphians | Myself | Others |
| Scientology | Myself | Others | Bahai | Myself | Others |
| Religious communes | Myself | Others | Theosophy | Myself | Others |
| Native / Polynesia religions | Myself | Others | Wiccan | Myself | Others |
| Eastern /African religions : | Myself | Others | Santeria / Voodoo | Myself | Others |
| Other: | | | Burning Man | Myself | Others |
| | | | Other: | | |

10. Have you or has any close family member been a:

Freemason	Odd fellow	Rainbow Girl	Mormon
Eastern Star	Shriner	Daughter of the Nile	Amaranth
Job's Daughter	Elk	Demolay	

If so, who?

Do you suffer from (circle where applicable):

Apathy	hardness of emotion	confusion	financial disaster
Skepticism	doubt	unbelief	comprehension difficulties
Infirmities	frequent sickness	allergies	

Is there any Masonic regalia or memorabilia in your possession? Yes No

If yes, what?

11. Do you feel mentally confused?

Yes No

Have mental blocks?

Yes No

12. Do you day-dream?

Yes No

If yes, what is the nature of your day-dreams?

13. Do you have mental fantasies?

Yes No

If yes, what is the nature of the fantasies?

14. Do you suffer from bad dreams?

Yes No

What is the content or nature of the dreams?

15. Do you suffer from sleeplessness?

Yes No

16. Have you ever been tempted to commit suicide?

Yes No

If yes, when and why?

Have you tried?

Yes No

17. Have you ever wished to die?
Have you spoken it aloud?

Yes No
Yes No

18. Have you had a strong and prolonged fear of any of the following, please list the first time you remember experiencing fear in each area marked:

Failure	Used to	Now	Inability to cope	Used to	Now
Inadequacy	Used to	Now	Authority figures	Used to	Now
The dark	Used to	Now	Death	Used to	Now
Rape	Used to	Now	Violence	Used to	Now
Being alone	Used to	Now	Satan and evil spirits	Used to	Now
The future	Used to	Now	Women	Used to	Now
Crowds	Used to	Now	Heights	Used to	Now
Men	Used to	Now	Insanity	Used to	Now
Public speaking	Used to	Now	Accident	Used to	Now
The opinion of people	Used to	Now	Old age	Used to	Now
Enclosed places	Used to	Now	Terminal illness	Used to	Now
Insects	Used to	Now	Spiders	Used to	Now
Dogs	Used to	Now	Snakes	Used to	Now
Animals	Used to	Now	Water	Used to	Now
Pain	Used to	Now	Loud noises	Used to	Now

Flying in an airplane	Used to	Now	Open spaces	Used to	Now
Grocery stores	Used to	Now	Rodents	Used to	Now
Death or injury of a loved one		Used to	Now		
Divorce or marriage breakup		Used to	Now		

CATEGORY C

1. Have you ever made a pact with the devil? Yes No
 Was it a blood pact? Yes No
 What was it?

 When?

 Why?

 Are you willing to renounce it? Yes No

2. To your knowledge, has any curse been placed on you or your family? Yes No
 By whom?

 Why?

 Explain?

3. To your knowledge, have your parents or any relative as far back as you know been involved in occultism or witchcraft? Yes No
 Whom and doing what?

 To what extent?

 As a child, did any family member dedicate you to Satan or any demonic worship? Yes No
 If yes, who, when and why?

4. Have you ever had involvement with any of the following?

Fortunetellers	Tarot cards	Ouija boards
Séances	mediums	palmistry
Astrology	color therapy	levitation
Astral travel	horoscope	good luck charms
Black magic	demon worship	asked for a spirit guide
Clairvoyance	crystals	done automatic handwriting
New Age Movement	reincarnation	past lives regression
Psychics/Seer	iridology	been to a curandero or native healer/doctor

Been involved in any other witchcraft or demonic or Satanic things?

If so, what?

To your knowledge have your parents, grandparents or other ancestors ever been involved in any of the above?

Yes No

Which ones?

5. Have you ever read books on occultism or witchcraft? Yes No

Why?

6. Have you played demonic games such as Dungeons & Dragons or other demonic-themed video games?

Yes No

Have you read “dark” novels, or novels with themes about the occult, supernatural, ghosts, science fiction, magic?

Yes No

Have you watched demonic films, or films with themes about the occult, supernatural, ghosts, science fiction, magic?

Yes No

Have you watched films with extremely violent themes or scene, or with scenes portraying graphic violence or injury to human beings or animals?

Yes No

If yes, to any of the above, do you now? Yes No

What, when and how often?

7. Have you been involved in transcendental meditation? Yes No

Do you have a mantra? Yes No

If so, what is it?

Have you ever had acupuncture? Yes No

- | | | | | |
|---|------------------------------|---------------------------------|-----|----|
| 8. Have you been involved in Eastern / African religions?
Followed a guru? | Yes
Yes | No
No | | |
| 9. Have you ever visited heathen temples?
If so, when and why? | Yes | No | | |
| Made offerings?
What were they? | Yes | No | | |
| Did you take part in any ceremony?
Explain: | Yes | No | | |
| Have you ever celebrated Halloween or Mardi Gras?
If so, when and in what way? | Yes | No | | |
| 10. Have you ever done any form of yoga?
Meditation?
Exercises? | Yes
Yes
Yes | No
No
No | | |
| 11. Have you ever learned or used any form of mind communication, mind control or ESP?
Explain: | | | Yes | No |
| 12. Were your parents or grandparents superstitious?
If so, who? | Yes | No | | |
| Were you?
If so, are you now? | Yes
Yes | No
No | | |
| Were their lives or your life governed by superstition?
Explain: | Yes | No | | |
| 13. Have you ever worn or kept any of the following:
good luck charms
signs of the zodiac
peace symbols
Tai Chi symbols | fetishes
ankh
swastika | amulets
pyramids
caduceus | | |
| Do you have any in your possession? | Yes | No | | |

14. Do you have in your possession any symbols of idols or spirit worship, such as:
- | | | |
|---|---------------------------|---------------|
| Buddahs | totem poles | masks |
| Carvings | fetish objects or feather | pagan symbols |
| Gargoyles | obelisks | rosary |
| Zodiac symbols | | |
| Statues or pictures of dragons or snakes | | |
| Statues or pictures of saints. | | |
| Cultural art or jewelry depicting spiritual subjects or symbols?
<small>(Native American / Polynesian / Eastern / African / Celtic, etc)</small> | Yes | No |
- If so, what?
- Other?
- Where are they from, and how did you get them?
15. Do you have any witches/angels, such as “good luck witches/angels” in your home? Yes No
16. Are you drawn by any of the following music:
- | | | |
|-------------|-------------|---------|
| Rock & roll | punk rock | new age |
| Rap | heavy metal | |
- How much time do you spend listening to it?
17. Are you drawn by demonic art, abstract art, or surrealistic art? Yes No
18. Have you ever learned any of the martial arts? Yes No
- If so, which?
- Do you practice it now? Yes No
19. Have you ever had premonitions? Yes No
- Deja vou? Yes No
- Psychic sight? Yes No
- If so, how frequently?

20. Have you ever been involved in: (circle all that apply)
 Firewalking
 voodoo
 Any other form of religious pagan ceremony
 If so, what and when?
21. Do you have any tattoos? Yes No
 If so, of what?
22. Have you ever been in the military? Yes No
 If yes, were you trained for combat? Yes No
 Have you been in combat? Yes No
 Where and when?
23. Have you ever had a near-death experience? Yes No
 If so, when and what?
24. Have you had a loved one who died? Yes No
 If so, who and when?
- Did you mourn or grieve for them? Yes No
 Explain:
- Do you now? Yes No
- Women only:* Have you ever had a miscarriage? Yes No
 Have you ever had a stillbirth? Yes No
- Did you mourn or grieve for them? Yes No
 Do you now? Yes No
- Have you ever been with someone when they died? Yes No
 Describe your feelings about it:
25. Do you have or have you ever had tendencies toward violent behavior? Yes No
 Have you ever acted violently? Yes No
 If so, when and toward whom?
26. Are you or have you been extremely competitive? Is it out of control? I am now I used to be No
 Explain:

27. As a child, did you have an imaginary playmate? Yes No
 Explain:

28. Have you ever studied or used "visualization" or "inner healing"? Yes No
 Explain:

CATEGORY D

1. Do you have lustful thoughts? Fantasy lust? Yes No
 Heterosexual Homosexual Pedophilia Bi-sexual
 Of what?

Frequency?

2. To your knowledge, was there evidence of lust in your parents, grandparents or further back? Yes No
 If so, explain:

3. Do you masturbate? Yes No
 Frequency?
 Do you know why?
 Do you feel it is a compulsive problem? Yes No

4. Were you ever sexually molested by someone outside your family as a child or teenager? Yes No
 By whom?

More than once? Yes No
 Explain:

Were you actually raped? Yes No

By whom?

More than once?

Explain:

5. Have you ever participated in incest (sex with a family member)? Yes No

By whom?

Was it voluntary on your part? Yes No

If not voluntary, were you actually raped? Yes No

How often?

For how long?

6. Men: Have you ever molested or raped ? Yes No
By whom:

Women: Have you ever been molested or raped? Yes No
By whom?

7. Have you ever committed fornication (sex while not married)? Yes No
How many partners?
First names and when:

Have you ever been involved in oral sex outside of marriage? Yes No
With whom?

Have you ever had sex with prostitutes? Yes No
How many?

When?

Others?

Have you ever committed adultery (at least one partner married)? Yes No
 While you were married? Yes No
 While you were single and your partner was married? Yes No
 First names and when:

Are you currently involved in an illicit sexual relationship? Yes No
 Name:

Are you willing to break it off? Yes No

8. Have you ever had homosexual or queer desire? Yes No
 Do you now? Yes No
 Have you ever acted on the desire and had a homosexual or queer experience? Yes No
 With whom and when:

Do you currently participate in homosexual or queer activity? Yes No
 If so, how frequently and with whom?

9. Have you ever had tendencies toward transvestite behavior? Yes No
 Have you ever acted on transvestite tendencies? Yes No
 If so, when and how often?

Do you now? Yes No
 When and how often?

10. Are you sexually frigid? Yes No

11. Have you ever sexually fantasized about an animal? Yes No
 Have you committed a sex act with an animal? Yes No
 Name all animals involved:

How often and when?

12. Has pornography ever attracted you? Yes No
 How did you become involved?
- Name of persons involved:
- To what extent have you viewed pornography?
- How frequently?
- When?
- Have you seen pornographic movies? Yes No
 Where and when?
- Have you seen pornographic videos? Yes No
 Where and when?
- Have you viewed live sex shows? Yes No
 Where and when?
- Have you viewed pornographic magazines or photos? Yes No
- Have you viewed pornographic material on the Internet? Yes No
- Have you participated in sexually oriented 'chat rooms' or discussion groups on the Internet? Yes No
 Have you had a sexual fetish? Yes No
 What?
- Do you still view pornographic materials? Yes No
 What, when and how frequently?
- Do you currently purchase or rent pornographic movies or videos or have such a channel on your home TV?
 Yes No
- How frequently?
13. Have you ever been involved in anal sex? Yes No
 With whom?

19. Do members of the opposite sex make uninvited comments to you of a sexual nature, tell you "dirty jokes", behave in a sexually inappropriate manner toward you, or "come on" to you in any other way?
20. How would you describe your sexual relationship with your spouse?

CATEGORY E

1. Did any of your family as far back as you know have addictions of any kind? Yes No
Who and to what?

2. Have you ever been or are you currently addicted to any of the following:

Alcohol	No	Currently addicted	Used to be addicted
Smoking	No	Currently addicted	Used to be addicted
Food	No	Currently addicted	Used to be addicted
Gambling	No	Currently addicted	Used to be addicted
Compulsive exercise	No	Currently addicted	Used to be addicted
Being a spendthrift	No	Currently addicted	Used to be addicted
Watching TV	No	Currently addicted	Used to be addicted
Coffee	No	Currently addicted	Used to be addicted
Marijuana	No	Currently addicted	Used to be addicted
Prescriptions Drugs	No	Currently addicted	Used to be addicted

Which ones?

Street Drugs	No	Currently addicted	Used to be addicted
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Which ones?

Any other addictions?

(stealing, anorexia/bulimia, vandalism, cutting yourself, pulling out your hair, social media, exercising, working, gaming, pimple popping, biting nails)

Explain:

CATEGORY F

1. What is your country of birth?
2. Have you lived in other countries? Yes No
Which ones?

3. Where was your mother born? (city, state, nation)

Where was your father born? (city, state, nation)

4. Where were your grandparents born? (city, state, nation)

Maternal grandmother?

Maternal grandfather?

Paternal grandmother?

Paternal grandfather?

5. Have you ever been in a counter-culture? Surfers - bikers - hippies - drug drop-outs - New Age

CATEGORY G

1. Do you suffer from any chronic illness, ADHD or allergies? Yes No
Which?

Is it hereditary? Is there a history of tuberculosis, diabetes, ulcers, cancer, heart disease, glandular problems, asthma, other in your family?

2. Have you had any severe accidents or traumas that stand out in your mind (not already mentioned above)?
Explain:

Who was involved in the accident with you? (i.e. car wreck, I was with my daughter)

3. Have you ever received a blood transfusion? Yes No

4. Have you ever donated blood? Yes No

- Certain physical symptoms which may appear suddenly or leave quickly and there are no physical or physiological reason.
- Choking sensations.
- Pains that seem to move around and for which there is no medical cause.
- Feelings of tightness about the head or eyes.
- Dizziness, blackouts, or fainting seizures.

5. Describe yourself in as many one or two word phrases as you can:

- | | |
|----|----|
| a. | h. |
| b. | i. |
| c. | j. |
| d. | k. |
| e. | l. |
| f. | m. |
| g. | n. |

6. When attending Church or other ministries do you have "foul" thoughts, jealousies or other mental harassment?

Yes No

7. Do you have difficulty retaining God's Word?

Yes No

8. Has there been a period of time in your life when you were angry with God?

Yes No

9. Deep feelings of bitterness and hatred toward others without reason: Jews, other races, the church, strong Christian leaders. Yes No

10. A revulsion against the Bible, including a desire to tear it up or destroy it.

Yes No

11. Reactions to the name and blood of Jesus Christ (verbally or through body language).

Yes No

12. Voices are heard in the mind (they mock, intimidate, accuse, threaten or bargain). Yes No

Voice: refers to him/her in the third person. Yes No

13. Supernatural experiences -- - hauntings, movement or disappearance of objects, and other strange manifestations. Yes No

Do you have any other problems you feel this questionnaire hasn't uncovered?

Explain as fully as you can. Try to pinpoint when they began and if they were connected with a trauma of some kind or, if you were victimized or if you invited the problem in.

I hereby acknowledge and affirm that all answers given by myself in response to the questions in this form are voluntarily submitted and that the information is true to the best of my knowledge. I hereby release, indemnify and forever hold harmless Jamie Barrera Ministries and its agents, staff, employees and volunteers of any damages, real or perceptual, arising from personal ministry in connection with the information submitted herein.

Name: (Please print) _____

Name of Parent or Legal Guardian if person filling out the form is under age of 18:

Signature: (Parent or Legal Guardian must sign if under 18 years of age)

Date: _____

Telephone# _____ E-mail _____

VOLUNTARY RELEASE, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

In consideration for being permitted to participate in voluntary prayer ministry, herein referred to as the "Prayer / Outreach Ministry," the undersigned, _____, herein referred to as the "Releaser", agrees as follows:

1. **RELEASE, WAIVER, DISCHARGE, AND COVENANT NOT TO SUE.** Releaser and Releaser's personal representatives, assigns, insurer, heirs, executors, administrators, spouse and next of kin, hereby releases, waives, discharges and covenants not to sue Jamie Barrera Ministries, and its directors, officers, employees, agents, volunteers as well as its successors, assigns, affiliates, subordinates, and subsidiaries, all herein referred to as the "Releasees," from any and all liability to Releaser, and to Releaser's personal representatives, assigns, insurer, heirs, executors, administrators, spouses and next of kin for any and all loss, damage, or cost on account of injury to the person or property or resulting in the death of Releaser, whether caused by the negligence of Releasees or otherwise while Releaser is participating in the Prayer / Outreach Ministry and any other activities in connection with the Prayer / Outreach Ministry.

2. **ASSUMPTION OF RISK.** Releaser understands, is aware of, and assumes all risks inherent in participating in the Prayer / Outreach Ministry. These risks include, but are not limited to, physical and emotional responses and reactions as a result of this prayer ministry.

3. **INDEMNITY.** Releaser agrees to indemnify Releasees from any liability, loss, damage, or cost Releasees may incur due to the participation by Releaser in the Prayer Ministry whether caused by the negligence of Releasees or otherwise. Releaser assumes full responsibility for and risk of bodily injury, death or property damage due to negligence of Releasees or otherwise while participating in the Prayer / Outreach Ministry.

Releaser expressly agrees that this Voluntary Release, Assumption of Risk and Indemnity agreement, herein referred to as "Agreement," is intended to be as broad and inclusive as permitted by the laws of the State of California and that, if any portion of this Agreement is held invalid, it is agreed that the balance, notwithstanding, continue in full legal force and effect. This Agreement contains the entire agreement between the parties in regard to the Prayer Ministry.

RELEASER REPRESENTS THAT:

I HAVE CAREFULLY READ THIS AGREEMENT. I UNDERSTAND IT IS A RELEASE OF ALL CLAIMS, INCLUDING THE NEGLIGENCE OF RELEASEES.

I UNDERSTAND THAT I ASSUME ALL RISKS INHERENT IN THE PRAYER / OUTREACH MINISTRY SET FORTH IN THIS AGREEMENT.

I UNDERSTAND THAT I AM INDEMNIFYING THE RELEASEES.

I VOLUNTARILY SIGN MY NAME EVIDENCING MY UNDERSTANDING AND ACCEPTANCE OF THE PROVISIONS OF THIS AGREEMENT.

Dated: _____

Signature of Releaser

Witness

Printed Name of Releaser