

WHERE DID YOU MEET YOUR FIANCÉE / FIANCÉ AND HOW DID YOU BECOME INVOLVED? PLEASE BE SPECIFIC.	
HOW LONG HAVE YOU BEEN INVOLVED WITH YOUR FIANCÉE / FIANCÉ?	DO YOU LOVE YOUR FIANCÉE / FIANCÉ?
HAVE YOU BEEN SEXUALLY INVOLVED IN ANY WAY AND AT ANY TIME WITH YOUR FIANCÉE / FIANCÉ?	DO YOU HAVE PLANS TO MARRY YOUR FIANCÉE / FIANCÉ? IF YES, WHEN?
DO YOU HAVE CHILDREN WITH YOUR FIANCÉE / FIANCÉ? <input type="checkbox"/> Yes <input type="checkbox"/> No	DO YOU HAVE OTHER CHILDREN? <input type="checkbox"/> Yes <input type="checkbox"/> No
NAMES / AGES OF FIANCÉE'S / FIANCÉ'S CHILDREN	
NAMES / AGES OF OTHER CHILDREN	
WHAT ARE YOUR HOPES AND PLANS FOR THE FUTURE?	
DO YOU SMOKE OR USE TOBACCO PRODUCTS OF ANY KIND? <input type="checkbox"/> Yes <input type="checkbox"/> No	DO YOU USE ALCOHOL OF ANY KIND? <input type="checkbox"/> Yes <input type="checkbox"/> No
DO YOU FREQUENT BARS, NIGHTCLUBS, DANCE CLUBS, ETC.? <input type="checkbox"/> Yes <input type="checkbox"/> No	HAVE YOU EVER USED DRUGS / ALCOHOL WITH YOUR FIANCÉE / FIANCÉ? <input type="checkbox"/> Yes <input type="checkbox"/> No
IF YOU ANSWERED YES TO ANY OF THE PREVIOUS FOUR QUESTIONS, EXPLAIN:	
HOW DOES YOUR PARENTS / FAMILY FEEL ABOUT YOUR RELATIONSHIP WITH YOUR FIANCÉ?	
HOW DO YOU THINK YOUR FIANCÉE'S / FIANCÉ'S PARENTS / FAMILY FEELS ABOUT YOUR RELATIONSHIP?	

I understand that by returning this application, I agree to abide by all rules associated with fiancées / fiancés and I agree to speak honestly and openly to Teen Challenge counselors in hopes of finding God's will for my personal life and to grow in my relationship with God.

I understand that breaking any of the rules associated with fiancées / fiancés and Teen Challenge policies will result in the denial of writing and visitation privileges at Family Recovery Weekends and / or the dismissal of my fiancée / fiancé from the Teen Challenge program.

Fiancée / Fiancé Signature Date