DATE:			

LIFESTYLE FORM

NAME:	DATE:
CURRENT POST:	ORG:
ADDRESS:	
CITY: STATE:	ZIP:
COUNTRY: NATIONALITY	:
PHONE: SOCIAL SECU	RITY #:
PASSPORT #:IMMIGRATION	STATUS:
AGE: MALE () FEMALE () D	
LIST ANY OTHER NAMES YOU ARE OR HAVE BEEN KI NAME, PRIOR MARRIED NAMES, ASSUMED NAMES OR	NOWN BY (SUCH AS MAIDEN NICKNAMES):
MARRIED () SINGLE () DIVORCED ()	SEPARATED ()
IF MARRIED, DIVORCED OR SEPARATED, LIST NAME	8) 15
NAMES AND AGES OF ANY CHILDREN:	
WHEN WAS YOUR STAFF CONTRACT SIGNED? CONTRACT EXPIRE? ARE YOU WILLING	WHEN DOES THAT TO SIGN ANOTHER CONTRACT?
IF A MINOR, DO YOU HAVE PARENTAL CONSENT TO IF SO, IS IT BY YOUR MOTHER? YES NO FATHER? YES NO GUARDIAN? YES NO If applicable: NAME OF GUARDIAN: ADDRESS: PHONE NUMBER:	
 Are you or have you ever been connected or familial ties) who has ever expressed or spiritual treatment or Scientology®? Name of person: From when to when: Details: 	any antagonism to mental YES NO
(Please use additional paper as needed tand present individuals.)	o include any and all past
 Are you or have you ever been connected associates, co-workers) who have ever ex mental or spiritual treatment or Sciento Name of person: From when to when: Details: 	nvagged and '
(Please use additional paper as needed t and present individuals.)	o include any and all past
3. Do you have a criminal record?	YES NO
If yes, please give details:	
(Please use additional paper as needed t this question.)	o be able to fully answer

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3b.	Have you ever had a criminal record? YES NO
	If yes, please give details:
	(Please use additional paper as needed to be able to fully answer this question.)
4.	Have you or any of your family members ever threatened to sue, embarrass or attack Scientology, or been party to such? YES NO
	If yes: Name of person(s):
	Please give details:
	(Please use additional paper as needed to include any and all past and present individuals.)
5.	Do you feel that some auditor or book is responsible for an undesirable condition you may be in? YES NO
	If yes, please give details:
6.	Are you being audited on your own determinism? YES NO If no, please explain:
7.	Do you have an open mind with no personal hopes or desires for auditing or knowingness? YES NO
	If your answer is YES, please give full details.
8.	Do you believe that anyone or anything can get better? YES NO
	II no, prease exprain:
9.	Are you or have you ever sat in judgement, or attempted to sit in judgement of Scientology in hearings? YES $___$ NO $___$
	When: Where/location:
	Name of person(s) involved:
	(Please use additional paper as needed to be able to answer this question completely and accurately.)
10.	Have you ever been dismissed or offloaded from any Scientology Organization (including missions, groups, Churches, Sea Org, etc.) YES NO
	When: Name of organization:
	Reason:
	If handled or not, please explain:
	(Please use additional paper as needed to be able to answer this question completely and accurately.) and present individuals.)

11.	Are you currently a freeloader from any Scientology Organization? YES NO
	Name of organization:
	Reason:
	If handled or not, please explain:
	(Please use additional paper as needed to be able to answer this
	question completely and accurately.)
12.	Have you ever been a freeloader from any Scientology Organization? YES NO
	When: Name of organization:
	Reason:
	If handled or not, please explain:
	(Please use additional paper as needed to be able to answer this question completely and accurately.)
13.	Are you or have you ever attempted to investigate Scientology? YES NO
	If yes, please explain:
14.	List any friends, acquaintances, relatives, relations you have with people listed in the following groups:
	a. Intelligence organizations or affiliated agencies
	b. Organized medicine
	 Banking Industry Psychiatry, Psychiatrists, Psychologists, etc.
	e. Media (television, radio, newspaper, magazines, advertising,
	etc.) f. Government or affiliated government agencies
	f. Government or affiliated government agencies g. Public Relations Firms
	3 1
	Name:
	Type of relation:
	When to when:
	Relation since being in Scientology:
	Name:
	Type of relation:
	(friend, relative, acquaintance, etc.) When to when:
	Relation since being in Scientology:
	(Please use additional paper as needed to include any and all
	past and present individuals.)
15.	Have you ever been to a psychiatrist, psychologist or psychoanalyst for interviews, treatment or any other reason? Please give details
	Name of person:
	Last name First name Occupation:
	From when to when:
	How many times:
	Details of visit(s):
	Details of treatment(s):
	If any, types of drugs taken, how many times:
	(Please use additional paper to include any and all of these
	instances.)

16.	Have you ever been institutionalized? Please give details. YES NO
	Name of institution:
	Name of institution: City/State: Name of doctor/case officer:
	Name of doctor/case officer.
	From when to when: Details of treatment:
	Details of treatment.
	(Please use additional paper to include any and all of these instances.)
17.	Have you ever committed anyone to an insane asylum or to a Psychiatrist or Psychologist? YES NO
	Name of person: Last name First name Address: Name of doctor/case officer: From when to when:
	Address: City/state:
	Name of doctor/case officer: From when to when: Details of treatment:
	(Please use additional paper to include any and all of these instances.)
18.	Have you ever sent anyone to a psychiatrist, psychologist, psychoanalyst or mental clinic or hospital? YES NO
	Name of person: Last name First name
	Address: City/State:
	Name of doctor/case officer:
	From when to when: Details of treatment:
	Details of Creatment:
	(Please use additional paper to include any and all of these instances.)
19.	Have you taken any courses in Psychiatry or Psychology? YES NO
	Name of school:
	Location:
	From when to when:
	Summary of courses/education:
20.	Have you majored in any courses in Psychiatry or Psychology? YES NO
	Name of school:
	From when to when:
	What course(s):
	Summary of courses/education:
21.	Have you ever had a willing or unwilling connection to a squirrel group? (Definition of squirrel from Tech Dictionary: "Those who engage in actions altering Scn, and offbeat practices.") YES NO
	Name of person/group:
	From when to when: What was your involvement:
	mac was your involvement:

	Currently connected: YES NO If Yes, how so:
	(Please use additional paper to include any and all of these instances.)
22.	Have you ever had a willing/unwilling connection to a suppressive group? (Definition of a suppressive group per HCO ^M PL 29 June 68, ENROLLMENT IN SUPPRESSIVE GROUPS: "Suppressive Groups are defined as those which seek to destroy Scientology or which specialize in injuring or killing persons or damaging their cases or which advocate suppression of Mankind." - LRH YES NO Name of person/group: From when to when:
	What was your involvement:
	Currently connected: YES NO If Yes, how so:
	(Please use additional paper to include any and all of these instances.)
23.	Are you or have you been connected to any person not in good standing with the Church of Scientology? YES NO Name of person/group: From when to when: What was your relation: YES NO
	Currently connected: YES NO
	If Yes, how so:
	(Please use additional paper to include any and all of these instances.)
24.	Have you ever NOT been in good standing with the Church of Scientology? YES NO From when to when: Reason:
	Is this now handled? YES NO NO If no, please give reason(s):
25.	Have you ever been declared a Suppressive Person by the Church of Scientology? If yes, give time, place, form and event of each instance. YES NO
	Reason:
	If handled or not, please give details:
26.	Have you ever blown a Scientology or Sea Org org? YES NO From when to when: From which Scientology Organization? If handled or not, please give details:
27.	Have you ever taken an unofficial leave for any length of time from any Scientology Organization? When to when? For how long?
	From which Scientology Organization?
	V.

Have you ever threatened suicide? When?	YES _	NO
When?		
Have you ever had any thoughts of suicide? When? How many times?		NO
How many times? What were the circumstances?		
Have you ever attempted suicide? When?	YES _	NO
When? How many times? What were the circumstances?		
Have you ever been involved in any adultery? Date: Name of person: How many times:	_	NO
How many times:		
(please use additional paper if needed)		
Have you ever been involved in any perverted	sexual act	ivities? NO
Date: Name of person: How many times:	_	
What were the circumstances:		
(please use additional paper if needed)		
Have you ever been involved in any promiscuou	s activition	es?
Date: Name of person: How many times: What were the circumstances:		
(place use additional paper if moded)		
(please use additional paper if needed)	omosexual a	ctivity?
Have you been involved in any instances of ho	YES	INC
Have you been involved in any instances of ho Date: Name of person: How many times: What were the circumstances:	YES _	NO

35.	When did you first come into Scientology? Day Month Year	
36.	Have you ever been on staff at an org or mission before? YES NO	
	Where and for how long?	
37.	Do you have any debts? If yes, To whom Amount owed Currency Type of relationship: Is it pressing: YES NO What is your commitment to paying off the debt:	
	If any, final payment due date:	
	To whom Amount owed Currency Type of relationship: Is it pressing: YES NO What is your commitment to paying off the debt:	
	If any, final payment due date:	_
	To whom Amount owed Currency Type of relationship: Is it pressing: YES NO What is your commitment to paying off the debt:	_
	If any, final payment due date: (please use additional paper if needed)	-
38.	List all diseases or illnesses you have ever had and when (i.e., dates). This includes such things as back problems, venereal disease, etc:	
	Year Illness/disease Treatment/Medication When to when	
		_
		=
39.	Do you have a history of any chronic non-optimum physical condition debility? YES NO	
	Date Condition Treatment	
		_
		_
40. 41.	How many hours of study do you regularly get a week? If you have your own business outside the Church, do you also have other Church staff employed in it? YES NO If yes, give full details.	
	If you have your own business outside the Church, do you also have other Church staff employed in it? YES NO If yes, give full details. Name of business:Address:	-
	If you have your own business outside the Church, do you also have other Church staff employed in it? YES NO If yes, give full details. Name of business:	-
	If you have your own business outside the Church, do you also have other Church staff employed in it? YES NO If yes, give full details. Name of business:Address:	:
	If you have your own business outside the Church, do you also have other Church staff employed in it? YES NO If yes, give full details. Name of business: Address: Name of employees that are Scientology staff members:	
	If you have your own business outside the Church, do you also have other Church staff employed in it? YES NO If yes, give full details. Name of business: Address: Name of employees that are Scientology staff members: Last name First name	

Last	name		Fir	rst	name		_				
							_				
Last	name		Fir	rst	name		_				
(Use	separat	e sheets	of pag	per	as ne	eded	to in	clud	e all	pers	sons.)
		ntly havent with				r sou	rce o	fin	YES .	aside	from NO _
If ye											
Addre	or busi	ness: _									
Type	of job:										
Sched	dule:										
Avera	nany hou age week	rs per w	week:						2		
Have	you eve	r moonli	ighted?						YES .		NO
If ye	es, of busi	ness:									
Addre	ess:		S. S.								
When	to when	:									
TADE	OT IOD:										
How n	nanv hou	rs per w	veek:							_	
Avera	age week	ly incom	ne:				-			_	
		r taken							YES	_	NO
When:											
Numbe	er of ti	mes:				_					
What	form: _	30000000 Da				_					
Detai											
Have	you eve	r taken	Angel I	ust	?				YES _		NO
When:											
Numbe	er of ti	mes:				-					
wnat	form:										
Detai	ris:										
	out all	types o	of drugs	уо	u have	e tak	en in	clud	ing st	reet	drugs
Date		N	Tame of	dru	g/med:	icati	on	1	Number	of	times
					-						
Have Scien	you eventology?	r taken	drugs a	fte	r any	audi	ting (or ti	rainir YES _		
If ye											
When: Which	drug(s):									
How m	many tim	es: e circum									
Have	you eve	r sold d	lrugs?		183				YES		NO
	-		_		(a) (b)				YES _	20	NO
When:			teritorio						YES _	-	NO
When: Which	drug(s								YES _	- <u> </u>	NO

	Do you currently sell any drugs?	YES NO
	14)	
	When:	
	Which drug(s):	
	How many times: What are the circumstances:	
	what are the cricumstances.	
47.	Have you ever been or are you currently acquainted has ever sold drugs or is currently selling drugs.	d with anyone who
	Name of person:	
	Which drug(s):	
	Which drug(s): Type of relation:	
	Specifics:	
	•	
	Current relations with this person are:	
48.	Who do you live with? (Please use additional paper	er if needed.)
	Name of person: Scientologist™: YES NO	
	Scientologist": YES NO	
	Type of relation/involvement:	
49.	Please list the names of all your brother(s), sist any half brother(s), sister(s), step brother(s), adopted brother(s), sister(s).	er(s), including sister(s) and/or
	adopted brother (5), broter (5).	
	Name of person:	
	Name of person:	
	Occupation:	
	Occupation: Scientologist: YES NO	
	Address: Relation past and present:	
	Relation past and present:	
	(Please use additional sheets of paper to include	211 222222
	(Flease use additional sheets of paper to include	all persons.
50.	List out your friends that you currently have:	
	Name of person:	
	Type of relation:	
	Occupation:	
	Occupation: Scientologist: YES NO	
	Address:	
	Address: Relation past and present:	
	(Please use additional sheets of paper to include	
	transe are addressed business or baber to merade	all persons.
51.	List out all your relatives (uncles, aunts, cousing randchildren, in-laws, etc.)	ns, grandparents,
	Name of person:	
	Type of relation:	
	Occupation:	
	Scientologist: YES NO	
	Address:	
	Relation past and present:	
	(5)	
	(Please use additional sheets of paper to include	all persons.)
52.	List out past friends:	
	Name of person:	
	Name of person:	
	Occupation:	
	Scientologist: YES NO	
	Address:	
	Relation past and present:	
	(6)	
	(Please use additional sheets of paper to include	all persons.)

53.	ist your parents' name and addresses. (Include if any step arents, alive and/or deceased.)
	ather's name:ddress:
	ccupation: cientologist: YESNO
	other's name:ddress:
	ccupation: NO
	I attest I have filled out this form completely and accurately:
	Signature: Date:
	Thank you.

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