

# C.W.J.J.

Counseling Division  
Client Application

Please Print Clearly

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

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_

Alternate Phone: (    ) \_\_\_\_\_

Area of Help:

- Marriage
- Family
- Child
- Addictions
- Death and Grieving
- Individual

Best Time to Reach You:

- Morning
- Afternoon
- Evening

Please allow 2 – 4 weeks to receive a letter of response. You may want to keep a copy of this application as a record to submit to the main office.

Mail to:

CWJJ Ministries Counseling Division  
2323 Barton Chapel Road  
Augusta, Ga. 30906  
706-790-8185