



## Application for Inner Healing/Deliverance

This application is to help us, Olive Branch Ministries (OBM), determine whether or not our deliverance team can help you. We are not trained professional counselors or doctors. If you have needs in this area, we suggest you explore these areas before you see us. Our goal is to help you be who Yahweh (God) meant for you to be through inner healing and deliverance.

### Instructions

1. Be prepared for a very long visit. Each visit may take as long as three to four hours.
2. The process of inner healing/deliverance can sometimes take a few months to a few years. Keep this in mind and ask yourself, "Can I make this commitment?"
3. **Pray before you begin to fill out this questionnaire. Ask the Ruach Ha Kodesh (Holy Spirit) to help and guide you, and bring key things to your mind. Give as much detail as possible.**
4. **Be detailed. We need details because it is the details that Satan hides behind. Simply glossing over your life and your past will not do.**
5. Since forgiveness of those who sinned against us is our greatest weapon in deliverance, we ask that you be willing to pray to forgive such persons when necessary. You must be willing to do this to achieve freedom. If you are unwilling to comply for any reason, please cancel your appointment, pray and wait until you feel you are ready.
6. Complete honesty is required. Confidentiality will be maintained. Be assured that we have "heard it all" and nothing shocks or angers us. We are here to aid in the healing process.
7. If you are physically able, and you sense the Father leading you, please fast and pray before your appointment. Do not fast the day of your appointment. Instead, fast sometime before the day of your appointment. If you have mature friends who are Believers in Messiah who know you have an appointment, ask them to fast and pray, too.
8. **If your motivation for deliverance is selfish, you will not receive freedom. Freedom will only come to those who are willing to die to self. Yahweh (God) wants you to trust Him totally and "lean not on your own understanding". Proverbs 3:5-6**
9. If your problem has to do with sin, past or present, we will pray with you only if you are willing to come to the place where you will forsake such action and promise to cut it off. Be warned that after deliverance, if you invite the problem back, your latter state may be far worse off than the original, and much effort, energy and time will have been wasted.
10. Receiving your freedom is of most importance to us, the body of Messiah and to you! We do not expect you to give any amount of money for our efforts to help you. If you feel led to give, it would be appreciated. All gifts will go toward helping others and furthering this ministry outreach.
11. **Your appointment time is very important to us, as it should be to you. If you really desire healing, we expect you to keep your appointments. If you miss two appointments, all sessions will be canceled.**
12. **Daily scripture reading is essential for your long-term recovery. We suggest you start this immediately. Some suggested starting points are the gospels of John and Mark, 1 Corinthians, Galatians, and Colossians.**

I have read the above instructions and agree to comply fully.

Name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Below is a list of items that will assist us in determining whether or not we can help you. Answer each question, giving as much detail as possible.

Name \_\_\_\_\_ Age \_\_\_\_\_

Phone Numbers \_\_\_\_\_

Marital Status:     Married     Single     Divorced     Remarried     Widowed

## Spiritual

1. Have you accepted Messiah Yahshua (Jesus) as your personal Savior?     Yes     No    Explain when, how and what you remember about your conversion experience.

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2. What age were you baptized? \_\_\_\_\_

3. Have you received the baptism of the Holy Spirit?     Yes     No    How old were you? \_\_\_\_\_

4. Briefly describe your church or fellowship involvement. \_\_\_\_\_

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5. List your spiritual gifts (your calling). \_\_\_\_\_

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6. Briefly describe your patterns of daily devotion. \_\_\_\_\_

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7. Do you have trouble reading the Bible and/or praying?     Yes     No  
Do you have trouble understanding what you have read in the Bible?     Yes     No

8. When do you feel you became backslidden (if applicable), started feeling demonic oppression, or became very ill? Explain what was going on at that time in your life.

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9. In a few words, who is Messiah Yahshua (Jesus) to you? \_\_\_\_\_

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10. Do you often doubt your salvation? Why? \_\_\_\_\_

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11. Are you ready to walk in full obedience to Yahshua (Jesus), study His Word daily, commit to prayer daily, fast as Yahweh (God) directs, and be a “doer” of the Word, not just a “hearer”?  Yes  No

12. Has your pastor/rabbi (spiritual authority) given you permission to receive healing and deliverance?  
 Yes  No Do you believe they need to?  Yes  No

13. Are you involved in a ministry?  Yes  No If so, briefly describe. \_\_\_\_\_

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## Personal

14. If you are married, is your spouse aware you are seeking deliverance and inner healing?  Yes  No  
Does he/she support you in this?  Yes  No

15. Do you understand what inner healing and deliverance is in order to proceed further?  Yes  No  
If no, list your questions here:

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16. Have you been through inner healing and deliverance before?  Yes  No If so, please explain.

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17. Describe your self image (how you see yourself). \_\_\_\_\_

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18. What is your marital history? \_\_\_\_\_

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19. Have you ever served in the military?  Yes  No If so, what was your rank, did you serve in any wars, and when were you discharged? \_\_\_\_\_

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20. Were you raised on military bases?  Yes  No If so, which ones? \_\_\_\_\_

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21. How far back can you remember into your childhood? \_\_\_\_\_

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22. Describe your childhood. Give names, ages and persons involved.

a. Was your childhood abusive in any way (sexual, physical or mental)? \_\_\_\_\_

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b. Were you an unplanned, abandoned or adopted child? \_\_\_\_\_

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c. Did you have any major trauma or sickness of any kind? \_\_\_\_\_

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d. If you were abused as a child, have you ever found yourself feeling or acting like a child? \_\_\_\_\_

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\_\_\_\_\_

23. Have you ever been sexually abused? If so, how old were you and who abused you? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

24. Do you have trouble giving or receiving love?  Yes  No

25. Who do you feel comfortable sharing your hurts and pains with? Why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

26. How do you handle overwhelming emotions (i.e., drugs, alcohol, food, ungodly relationships, etc.)? \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

## Medical

27. What is your current medical condition? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

28. Are you currently taking any medications, drugs or alcohol which impairs your emotions or judgment, or which may cause depression or anxiety? Please list all.

\_\_\_\_\_

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29. Have you ever had any extended medical problems such as extended fevers, long term illness or near death experience?  Yes  No If so, please explain. \_\_\_\_\_

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30. Have you ever been or are you currently being treated with counseling or psychiatry?  Yes  No  
If so, please explain.

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## **Generational Curses**

The following information will be used to determine what curses, if any, have been passed down through your past generations, including the areas of involvement, whether it was in the past or the present, and those areas which have affected your life. Ask the Ruach Ha Kodesh (Holy Spirit) to reveal to you any area of sin which needs to be acknowledged in order for the strongholds to be broken.

Yahshua (Jesus) explains that the strongman is to be dealt with first.

### **Matthew 12:29**

<sup>29</sup> Or how can one enter a strong man's house and plunder his goods, unless he first binds the strong man? And then he will plunder his house. NKJV

### **Luke 11:21-22**

<sup>21</sup> When a strong man, fully armed, guards his own palace, his goods are in peace. <sup>22</sup> But when a stronger than he comes upon him and overcomes him, he takes from him all his armor in which he trusted, and divides his spoils. NKJV

One must understand how a curse (evil or misfortune befalls a person — Hebrew word “qalal”, which means to “bring into contempt”) will be passed on to the third and fourth generations. These curses are passed down to the next generation from the sins which were committed by the previous generation. As each generation continues in that particular sin, the curse will continue throughout all generations, until someone takes the authority they have been given by Yahshua to break the curse.

### **Exodus 34:7**

<sup>7</sup> “Keeping mercy for thousands, forgiving iniquity and transgression and sin, by no means clearing the guilty, visiting the iniquity of the fathers upon the children and the children's children to the third and the fourth generation.” NKJV

## **Promise of Curses**

### **Deuteronomy 28:15**

<sup>15</sup> “But it shall come to pass, if you do not obey the voice of Yahweh (the LORD) your Elohim (God), to observe carefully all His commandments and His statutes which I command you today, that all these curses will come upon you and overtake you...” NKJV

**Promise of Blessings**

**Deuteronomy 28:1-2**

<sup>1</sup> “Now it shall come to pass, if you diligently obey the voice of Yahweh (the LORD) your Elohim (God), to observe carefully all His commandments which I command you today, that Yahweh (the LORD) your Elohim (God) will set you high above all nations of the earth.

<sup>2</sup> And all these blessings shall come upon you and overtake you, because you obey the voice of Yahweh (the LORD) your Elohim (God)...” NKJV

**Family Tree (3 to 5 Generations)**

Please fill in the full birth name (if you know it) of the following members of your family:

Your Name \_\_\_\_\_ Spouse’s Name \_\_\_\_\_

Ex Spouse(s)’ Name(s): \_\_\_\_\_

Children’s Names:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_

Siblings’ Names:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_

Grandchildren’s Names (if applicable):

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_

Father’s Name:

\_\_\_\_\_

Mother’s Name:

\_\_\_\_\_

Stepfather’s Name (if applicable):

\_\_\_\_\_

Stepmother’s Name (if applicable):

\_\_\_\_\_

Father's Siblings' Names:

1. \_\_\_\_\_

4. \_\_\_\_\_

2. \_\_\_\_\_

5. \_\_\_\_\_

3. \_\_\_\_\_

6. \_\_\_\_\_

Mother's Siblings' Names:

1. \_\_\_\_\_

4. \_\_\_\_\_

2. \_\_\_\_\_

5. \_\_\_\_\_

3. \_\_\_\_\_

6. \_\_\_\_\_

Grandfather's Name (father's side):

Grandfather's Name (mother's side):

\_\_\_\_\_

\_\_\_\_\_

Grandmother's Name (father's side):

Grandmother's Name (mother's side):

\_\_\_\_\_

\_\_\_\_\_

Great Grandfather's Name (father's side):

Great Grandfather's Name (mother's side):

\_\_\_\_\_

\_\_\_\_\_

Great Grandmother's Name (father's side):

Great Grandmother's Name (mother's side):

\_\_\_\_\_

\_\_\_\_\_

**Family Relationships**

**Females** — please explain your relationship (in detail) with the following people. You may use the back of this page for additional space.

Father and/or Stepfather:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mother and/or Stepmother:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Husband:

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Ex-Husband(s):

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**Males** — please explain your relationship (in detail) with the following people. You may use the back of this page for additional space.

Father and/or Stepfather:

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Mother and/or Stepmother:

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Wife:

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Ex-Wife (Wives):

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## **Generational Strongholds (Deuteronomy 28 and 29)**

Through our experiences, as well as others', there are approximately seven main categories affected by generational sins/curses. Under each category, if there are any areas not under the subjection of Yahshua, these may be the underlying causes of problems occurring in the main category.

This information will be used as a reference in filling out the "Breaking Down the Generational Strongholds" section of this application.

### **Mental and Emotional Sickness**

**Confusion** — mixed emotions, extreme highs and lows, paranoia, selfishness, pride, jealousy

**Depression** — hopelessness, despair, self-pity, rejection, abandonment, shyness, loneliness, heaviness

**Witchcraft** — sorcery, paganism, white or black magic, Ouija board, astrology, tarot cards, unholy vows/oaths

### **Finances**

**Sexual Immorality** — pornography, lust, fantasy, sexual perversion, sexual addiction, seduction, lack of self esteem, masturbation = manipulation = witchcraft, craft = fraud or deception

**Depression and Confusion** — discouragement, indifference, despondence, sensitivity

**Rage and Anger** — frustration, hate, self anger, self hate, control, envy, revenge

**Fear** — fear of failure, the future, responsibility, intimacy, people, rejection, disapproval, authority

### **Breakdown of Family Relationships**

**Bitter-root Judgments** — resentment, bitterness, unforgiveness, hatred, criticism, judgmental, prejudice, strife = diseases of the spirit. Diabetes and asthma can be directly related to bitter-root judgments.

**Judging your Spouse** — serve your spouse and take them out of the "judgment seat"

**Female Bitter-root Judgments towards Men** — if it began in your childhood, were you raped, molested or abused? If not, this was passed down from past generations.

### **Suicide or Early Death Syndrome**

**Murder or Suicide** (even attempted suicide) — car accident, living in a house where someone was murdered

**Mold Growing in a House** — a sign of a spiritual condition in the home (there may have been a death in the home)

### **Laws of Purity**

Note: If the wife is following all the Laws of Purity (abstaining from impurity, immorality, idolatry and uncleanness) and there are problems in any of the areas listed below, the husband may be in sin.

**Sexual Diseases** — tumors, cysts, severe menstrual cramps, frigidity, irregular menstruation

**Abortion** — spirit of death

**Miscarriages** — can be a result of the woman having sexual intercourse during her menstrual cycle (the beginning of the cycle plus 7 days)

By abstaining from sexual intimacy with your spouse during menstruation, this breaks sexual immorality off the husband, disciplines him and builds self-respect in the wife. During the woman’s menstruation cycle, she is set apart for Yahweh (God). She is full of life; therefore, she is to give herself wholly devoted to Yahweh. Once the period of “set-apartedness” is complete, a woman is to immerse herself in water (“mikvah” in Hebrew). The wife and husband may then resume relations.

**Diseases of the Body**

**Impurities of the Blood** — can be directly related to a violation of the dietary laws in Leviticus.

**Bitter-root Judgments** — resentment, bitterness, unforgiveness, hatred, criticism, judgmental, prejudice, strife = diseases of the spirit. Diabetes and asthma can be directly related to bitter-root judgments.

**Alcoholism** — impurity in the blood

**Mishandling of Widows/Orphans/Fatherless (includes those adopted)**

**Taking advantage of a widow, an orphan, or someone who is fatherless, including those adopted** — curse of disease and early death

**Breaking Down the Generational Strongholds**

From the list in the “Family Tree” section of this application (including yourself), please write the names of your relatives who fall into any of the categories listed in the “Generational Strongholds” section located on the previous page. Beside the name, list which strongholds are, or have been, a part of their lives.

For example, if your mother has periods of depression, suffers from asthma and has seen a fortune teller, you would write her name under the category of “Mental and Emotional Sickness”. Next to her name you would write “depression and witchcraft”. Under “Breakdown of Family Relationships” you would write her name with “asthma” next to it. Even if any of these people are deceased, please list them so the generational curses can be broken.

**Mental and Emotional Sickness**

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**Finances**

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**Breakdown of Family Relationships**

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**Suicide or Early Death Syndrome**

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**Laws of Purity**

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**Diseases of the Body**

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**Mishandling of Widows/Orphans/Fatherless (including those adopted)**

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**Forgiveness**

One of Satan’s biggest strongholds (what gives him legal ground or right) is unforgiveness. Yahshua (Jesus) commands us to forgive others as our Father has forgiven us.

**Matthew 6:12-15**

<sup>12</sup> “And forgive us our debts, as we forgive our debtors. <sup>13</sup> And do not lead us into temptation, but deliver us from the evil one. For Yours is the kingdom and the power and the glory forever. Amen.”

<sup>14</sup> “For if you forgive men their trespasses, your heavenly Father will also forgive you. <sup>15</sup> But if you do not forgive men their trespasses, neither will your Father forgive your trespasses. NKJV

**Matthew 18:32-35**

<sup>32</sup> “Then his master, after he had called him, said to him, ‘You wicked servant! I forgave you all that debt because you begged me. <sup>33</sup> Should you not also have had compassion on your fellow servant, just as I had pity on you?’ <sup>34</sup> And his master was angry, and delivered him to the torturers until he should pay all that was due to him. <sup>35</sup> So My heavenly Father also will do to you if each of you, from his heart, does not forgive his brother his trespasses.” NKJV

**Mark 11:25**

<sup>25</sup> “And whenever you stand praying, if you have anything against anyone, forgive him, that your Father in heaven may also forgive you your trespasses.” NKJV

**1 John 1:9**

<sup>9</sup> If we confess our sins, He is faithful and just to forgive us our sins and to cleanse us from all unrighteousness. NKJV

List below all those who have hurt you, going back to childhood memories — those that you have had a difficult time forgiving for the pain they caused in your life. If you *think* you have forgiven that person, how do you feel when you think about them? Do you feel bitterness, anger, hurt and resentment? If the answer is yes, this is a

definite sign that you have not forgiven them. Ask the Holy Spirit to bring to your remembrance all those you still have unforgiveness towards. As names come to your memory, do not question it or skip over them. Write them down. Only Yahweh knows your heart and knows if you still hold unforgiveness towards them.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

31. Do/did you or any of your family members suffer from depression or mental problems? Receive psychiatric counseling or related hospitalization? Shock treatment? Please give a brief explanation.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

32. Have you ever been hypnotized?  Yes  No If so, please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

33. Do you sometimes go minutes or even hours and not remember what happened or what you did?  
 Yes  No

34. Is there anything unusual happening around you or within you (i.e., seeing things move, feeling things within, etc.)?  Yes  No If so, please explain.

\_\_\_\_\_

\_\_\_\_\_

35. Do you hear voices?  Yes  No Are they external or internal? \_\_\_\_\_  
What are the voices saying?

\_\_\_\_\_

\_\_\_\_\_

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36. Have you been suicidal or have you had murderous thoughts?  Yes  No If so, please explain.

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37. Are you having compulsive temptations that guide your thoughts into things which you truly do not want to think about (i.e., murder, sexual things, blasphemy, perversion, etc.)?  Yes  No  
If so, please explain.

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38. Have you had any unusual physical symptoms such as choking sensations or pains which seem to move around inside your body, feelings of tightness about the head or eyes, dizziness, blackouts or fainting seizures, etc.?  Yes  No If so, have you seen a doctor about these symptoms?  Yes  No

39. Have you had dreams or nightmares that were horrific and of a recurring nature?  Yes  No  
If so, please explain.

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40. Do you believe you have something demonic going on?  Yes  No If so, please explain.

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41. Have you had sudden surges of violent rage, uncontrollable anger or feelings of hostility?  Yes  No  
If so, please explain.

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42. Check all of the following disorders you have been diagnosed with:

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|---|---|
| <input type="checkbox"/> Attention Deficit Disorder (ADD) | <input type="checkbox"/> Post Traumatic Stress Disorder (PTSD)                    |
| <input type="checkbox"/> Satanic Ritual Abuse (SRA)       | <input type="checkbox"/> Disassociative Identity Disorder (DID)                   |
| <input type="checkbox"/> Bipolar Disorder                 | <input type="checkbox"/> Obesity  |
| <input type="checkbox"/> Manic Depressive Episodes        | <input type="checkbox"/> Anorexia   |
| <input type="checkbox"/> Panic or Anxiety Attacks         | <input type="checkbox"/> Bulimia  |
| <input type="checkbox"/> Depression                       | <input type="checkbox"/> Drug or Alcohol Addiction (including prescription drugs) |
| <input type="checkbox"/> Schizophrenia                    |   |

43. Did any of your family, as far back as you know, have addictions of any kind?  Yes  No  
If so, please explain.

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44. Have you ever been addicted to any of the following:

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|--|--|--|
| <input type="checkbox"/> Alcohol   | <input type="checkbox"/> Smoking/Nicotine    | <input type="checkbox"/> Food                |
| <input type="checkbox"/> Gambling  | <input type="checkbox"/> Being a spendthrift | <input type="checkbox"/> Watching television |
| <input type="checkbox"/> Drugs (prescribed or hallucinatory) Which ones? |  |  |

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Are any of the above addictions a current problem?

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45. Do you have any other problems you feel this questionnaire has not covered? Explain as fully as you can. Try to pinpoint when they began, if it was connected with a trauma of some sort, if you were victimized or if you invited the problem in.

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46. If you go through inner healing/deliverance, why do you believe you can maintain your deliverance?

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47. Do you believe you are spiritually ready for this challenge and what Yahweh (God) has for you?

Yes     No

48. Is your pastor aware that you are seeking inner healing or deliverance?     Yes     No

Would you like a letter from us to send to your pastor concerning our ministry?     Yes     No

49. Are you currently giving or tithing financially toward a church, ministry, etc.?     Yes     No

50. Additional comments: \_\_\_\_\_

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## **Occult Involvement**

Please answer the following questions by referring back to the names you listed in the “Family Tree” section of this application, including yourself.

**Note:** This may trigger anyone who has been actively involved in the occult. Please be aware and pray for the protection and strength of the Holy Spirit to guide you through answering these questions.

51. Have you or anyone in your family been involved in any form of the occult (satanism, witchcraft, metaphysics, new age, yoga, etc.)?  Yes  No If so, please explain.

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52. If you or anyone in your family was involved in satanism, who was involved and what level or title were they?

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53. Has anyone in your family been involved with the following? If so, list their ranking: Masons, Mormons, Jehovah's Witnesses, Jesuits, Knights of Malta, Knights of Columbus, Skull & Bones, Brotherhood, Eastern Star, KKK, Demolay, Scientology, Unitarian, Buddhism, Illuminati, Unitarianism, Job's Daughters, Christian Science, Zen, Hari Krishna, Rainbow Girls, Independent Order of Oddfellows or any other false religion and/or cult?

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54. Have you or anyone in your family participated in "innocent" activities such as: séances, "Bloody Mary", Quija Board, Pokemon, Dungeons and Dragons, or read Anne Rice or Harry Potter books?  
 Yes  No If so, please explain.

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55. Have you or anyone in your family participated in telepathy, astral projection, E.S.P., séances, communicating with spirit guides or hypnosis?  Yes  No If so, please explain.

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56. Have you or anyone in your family participated in rituals or sacrifices?  Yes  No If so, please list what types of rituals and/or sacrifices.

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57. If you have personally been involved in rituals or sacrifices, were you a willing or an unwilling participant? Did you drink blood? If you were forced to participate in rituals, what age were you and what happened?

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58. Have you or anyone in your family participated in mind control?  Yes  No If so, who was involved?

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59. Have you or anyone in your family made unholy marriage or birth contracts, oaths, vows or covenants?  Yes  No If so, please specify the type(s) made.

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60. Have you or any of your direct ancestors been involved with or participated with any of the following? Mark all that apply.

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|---|---|---|
| <input type="checkbox"/> Rock Music/Concerts                  | <input type="checkbox"/> Drugs                                      | <input type="checkbox"/> Satanism       |
| <input type="checkbox"/> Fortune Tellers                      | <input type="checkbox"/> Seances                                    | <input type="checkbox"/> Palm Readers   |
| <input type="checkbox"/> Tarot Cards                          | <input type="checkbox"/> Ouija Boards                               | <input type="checkbox"/> Horoscopes     |
| <input type="checkbox"/> Automatic Handwriting                | <input type="checkbox"/> Meditation                                 | <input type="checkbox"/> Psychics       |
| <input type="checkbox"/> Levitation                           | <input type="checkbox"/> KKK Involvement                            | <input type="checkbox"/> Casting Spells |
| <input type="checkbox"/> Mental Telepathy or Clairvoyance     | <input type="checkbox"/> White/Black Magic                          | <input type="checkbox"/> Hypnosis       |
| <input type="checkbox"/> Occult Practices                     | <input type="checkbox"/> Psychic Healing                            | <input type="checkbox"/> New Age        |
| <input type="checkbox"/> Supernatural Experiences             | <input type="checkbox"/> Out of Body Experiences                    | <input type="checkbox"/> Blood Pacts    |
| <input type="checkbox"/> False Religions (Mormons, JWs, etc.) | <input type="checkbox"/> Christian Science                          | <input type="checkbox"/> Scientology    |
| <input type="checkbox"/> Visited Witch Doctors/Root Doctors   | <input type="checkbox"/> Hare Krishna                               | <input type="checkbox"/> Pornography    |
| <input type="checkbox"/> Sexual Fantasies                     | <input type="checkbox"/> Adultery                                   | <input type="checkbox"/> Fornication    |
| <input type="checkbox"/> Homosexuality/Lesbianism             | <input type="checkbox"/> Rape or Raped Others                       | <input type="checkbox"/> Incest         |
| <input type="checkbox"/> Involvement at all with an abortion  | <input type="checkbox"/> Secret Oaths/Masons,<br>Eastern Star, etc. | <input type="checkbox"/> Kaballah       |

61. Below is a list of negative emotions. Check all that apply to you or with which you can identify as a way of life.

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Anger                      | <input type="checkbox"/> Bitterness    | <input type="checkbox"/> Rage           | <input type="checkbox"/> Hatred            |
| <input type="checkbox"/> Rejection                  | <input type="checkbox"/> Rebellion     | <input type="checkbox"/> Restlessness   | <input type="checkbox"/> Apathy            |
| <input type="checkbox"/> Quick Temper               | <input type="checkbox"/> Jealousy      | <input type="checkbox"/> Fear           | <input type="checkbox"/> Loneliness        |
| <input type="checkbox"/> False Pride                | <input type="checkbox"/> Anxiety       | <input type="checkbox"/> Depression     | <input type="checkbox"/> Religious Pride   |
| <input type="checkbox"/> Unbelief                   | <input type="checkbox"/> Vengefulness  | <input type="checkbox"/> Discouragement | <input type="checkbox"/> Passiveness       |
| <input type="checkbox"/> Gloominess                 | <input type="checkbox"/> Sickness      | <input type="checkbox"/> Despair        | <input type="checkbox"/> Hopelessness      |
| <input type="checkbox"/> Uncaring                   | <input type="checkbox"/> Self Hatred   | <input type="checkbox"/> Worthlessness  | <input type="checkbox"/> Frustration       |
| <input type="checkbox"/> Failure                    | <input type="checkbox"/> Inferiority   | <input type="checkbox"/> Condemnation   | <input type="checkbox"/> Impatience        |
| <input type="checkbox"/> Irritability               | <input type="checkbox"/> Prejudice     | <input type="checkbox"/> Moodiness      | <input type="checkbox"/> Violence          |
| <input type="checkbox"/> Stubbornness               | <input type="checkbox"/> Swearing      | <input type="checkbox"/> Blasphemies    | <input type="checkbox"/> Obscenities       |
| <input type="checkbox"/> Confusion                  | <input type="checkbox"/> Sleeplessness | <input type="checkbox"/> Suicidal       | <input type="checkbox"/> Frequent Sickness |
| <input type="checkbox"/> Comprehension Difficulties |  |   |  |

62. Have you had a strong and prolonged fear of any of the following?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Failure                        | <input type="checkbox"/> Inability to Cope           | <input type="checkbox"/> Authority Figures |
| <input type="checkbox"/> The Dark                       | <input type="checkbox"/> Death                       | <input type="checkbox"/> Rape              |
| <input type="checkbox"/> Being Alone                    | <input type="checkbox"/> Satan and Evil Spirits      | <input type="checkbox"/> The Future        |
| <input type="checkbox"/> Women                          | <input type="checkbox"/> Crowds                      | <input type="checkbox"/> Heights           |
| <input type="checkbox"/> Men                            | <input type="checkbox"/> Public Speaking             | <input type="checkbox"/> Accidents         |
| <input type="checkbox"/> People's Opinions              | <input type="checkbox"/> Old Age                     | <input type="checkbox"/> Terminal Illness  |
| <input type="checkbox"/> Death or Injury of a Loved One | <input type="checkbox"/> Divorce or Marriage Breakup | <input type="checkbox"/> Enclosed Places   |
| <input type="checkbox"/> Insects                        | <input type="checkbox"/> Spiders                     | <input type="checkbox"/> Dogs              |
| <input type="checkbox"/> Snakes                         | <input type="checkbox"/> Animals                     | <input type="checkbox"/> Water             |
| <input type="checkbox"/> Pain                           | <input type="checkbox"/> Loud Noises                 | <input type="checkbox"/> Open Spaces       |
| <input type="checkbox"/> Flying in an Airplane          |  |  |

63. Since becoming a Believer in Messiah, do any of the above fears still grip you? If so, which ones?

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64. Check all the following statements which pertain to you.

- I am able to ignore pain.
- Sometimes when I am in an unfamiliar place, it seems familiar.
- I sometimes miss parts of conversations.
- I can usually perform difficult tasks with ease and spontaneity.
- Sometimes I am not sure whether I have actually done something or only thought about it.
- I sometimes become so completely absorbed in a television program or movie that I don't know what is going on around me.
- I sometimes remember the past so vividly, I seem to be reliving it.

- Sometimes I find myself staring into space.
- Sometimes I talk out loud to myself when I am alone.
- I sometimes find evidence of having done something that I cannot remember doing.
- Sometimes I am not sure if a remembered event actually happened, or if it was a dream.
- I am sometimes approached by people I do not know and who call me by a different name.
- Sometimes I feel as if I am two different people.
- Sometimes I become so involved in fantasy, it seems real to me.
- Sometimes when I am driving a car, I can't remember part of the trip.
- Sometimes I can't remember important events of my life.
- Sometimes I am in a familiar place, but I find it unfamiliar.
- I have been accused of lying when I know I am telling the truth.
- I find notes or drawings that I must have done, but I don't remember doing them.
- Sometimes I see myself as if looking at another person.
- I sometimes hear voices inside my head.
- Sometimes I don't recognize friends or family members.
- I sometimes feel like I'm looking through someone else's eyes.
- Sometimes other people and objects do not seem real.
- Sometimes it seems as though I am looking at the world through a fog.
- I sometimes find unfamiliar things among my belongings.
- I sometimes feel as though my body is not my own.
- I sometimes experience dizziness or spinning sensations.
- Sometimes I say "we" instead of "me", or my inner voice says "you" instead of "I".
- I sometimes find myself in a place but am unaware of how I got there.
- Sometimes I find myself dressed in clothes I do not remember putting on.
- Sometimes I do not recognize my reflection in the mirror.

65. Check the following belief statements that cause a strong emotional reaction in you. Rate these on a scale of 1 to 10 (with 10 rating the strongest emotional reaction).

**Abandonment**

- I am all alone \_\_\_\_\_
- I have been overlooked \_\_\_\_\_
- I will always be alone \_\_\_\_\_
- They do not need me \_\_\_\_\_
- I don't matter \_\_\_\_\_
- No one cares about me \_\_\_\_\_
- There is no one to protect me \_\_\_\_\_
- Yahweh (God) has forsaken me, too \_\_\_\_\_
- No one will believe me \_\_\_\_\_
- It's never my turn \_\_\_\_\_
- I cannot trust anyone \_\_\_\_\_
- I am afraid they won't come back \_\_\_\_\_
- What's the point? No one cares, anyway \_\_\_\_\_

**Shame**

- I am so stupid, ignorant and alone \_\_\_\_\_
- I should have known better \_\_\_\_\_
- I should have done something to stop it from happening \_\_\_\_\_
- I allowed it \_\_\_\_\_
- I was a participant \_\_\_\_\_
- It was my fault \_\_\_\_\_
- I should have told someone \_\_\_\_\_
- I knew what was going to happen, yet I stayed/went anyway \_\_\_\_\_
- I felt pleasure, so I must have wanted it \_\_\_\_\_
- It happened because of my looks, my gender, my body, etc \_\_\_\_\_

- I should have stopped them \_\_\_\_\_
- I did not try to run away \_\_\_\_\_
- I deserved it \_\_\_\_\_
- I am cheap, like a slut or whore \_\_\_\_\_
- I was paid for services rendered \_\_\_\_\_
- I kept going back \_\_\_\_\_
- I did it to him/her \_\_\_\_\_
- I'm bad, dirty, shameful, sick and nasty \_\_\_\_\_

**Fear**

- I am going to die. He/she is going to hurt me \_\_\_\_\_
- I do not know what to do \_\_\_\_\_
- If I tell, they will come back and hurt me \_\_\_\_\_
- If I trust anyone, I will die \_\_\_\_\_
- He/she/they are coming back \_\_\_\_\_
- It is just a matter of time before it happens again \_\_\_\_\_
- If I let him/her/them into my life, they will hurt me, too \_\_\_\_\_
- Something bad will happen if I tell, stop it or confront it \_\_\_\_\_
- They are going to get me \_\_\_\_\_
- Doom is just around the corner \_\_\_\_\_

**Powerlessness**

- I cannot stop this \_\_\_\_\_
- He/she/they are too strong for me to resist \_\_\_\_\_
- There is no way out \_\_\_\_\_
- I am too weak to resist \_\_\_\_\_
- The pain is too great \_\_\_\_\_
- I cannot get away \_\_\_\_\_
- I am going to die, and I can't do anything about it \_\_\_\_\_

- I cannot get loose \_\_\_\_\_
- I am overwhelmed \_\_\_\_\_
- I don't know what to do \_\_\_\_\_
- Everything is out of control \_\_\_\_\_
- I am pulled from every direction \_\_\_\_\_
- Not even Yahweh (God) can help me \_\_\_\_\_
- I am too small to do anything \_\_\_\_\_

**Feeling Tainted**

- I am dirty, shameful, evil, perverted, etc. because of what happened to me \_\_\_\_\_
- My life is ruined \_\_\_\_\_
- I will never feel clean again \_\_\_\_\_
- Everyone can see my shame, filthiness, dirtiness, etc \_\_\_\_\_
- I will always be hurt/damaged/broken because of what has happened \_\_\_\_\_
- I will never be happy \_\_\_\_\_
- I will always be unclean, filthy, etc \_\_\_\_\_
- Yahweh (God) could never want me after what has happened to me \_\_\_\_\_
- My body parts are dirty \_\_\_\_\_
- No one will ever really be able to love me \_\_\_\_\_

**Invalidation**

- I am not loved, needed, wanted, cared for or important \_\_\_\_\_
- They do not need me \_\_\_\_\_
- I am worthless and have no value \_\_\_\_\_
- I am unimportant \_\_\_\_\_
- I was a mistake \_\_\_\_\_
- I should never have been born \_\_\_\_\_
- I am in the way; I am a burden \_\_\_\_\_
- I was never liked because I was \_\_\_\_\_

- Yahweh (God) could never love or accept me \_\_\_\_\_
- I could never be as \_\_\_\_\_ as he/she \_\_\_\_\_
- I could never jump high enough to please him/her \_\_\_\_\_
- I am not acceptable \_\_\_\_\_

**Hopelessness**

- It is never going to get better \_\_\_\_\_
- There is no way out \_\_\_\_\_
- It will happen again and again \_\_\_\_\_
- There is no good thing for me \_\_\_\_\_
- I have no reason to live \_\_\_\_\_
- There are no options for me \_\_\_\_\_
- I just want to die \_\_\_\_\_
- Nothing good will ever happen for me \_\_\_\_\_

**Confusion**

- I do not know what is happening to me \_\_\_\_\_
- Everything is confusing \_\_\_\_\_
- This doesn't make sense \_\_\_\_\_
- Why would they do this to me? \_\_\_\_\_
- I can't understand \_\_\_\_\_

List any other beliefs you might have:

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# Olive Branch Ministries “Good Samaritan” Agreement

I, \_\_\_\_\_ am seeking deliverance from Olive Branch Ministries (OBM).

1. I will not hold anyone involved with OBM responsible, liable or accountable in any way whatsoever for actions before, during or after any and all deliverance sessions or phone conversations. I agree with this statement for as long as OBM is ministering to me. \_\_\_\_\_ (Initials)
2. I acknowledge that there are physical, mental, emotional and spiritual risks involved in deliverance. I do not hold anyone associated with OBM liable for any such risks. \_\_\_\_\_ (Initials)
3. I am over 18 years of age. \_\_\_\_\_ (Initials)
4. I understand that OBM will make every attempt and every effort to maintain confidentiality concerning any and all information that I freely give. I acknowledge that many personal and private aspects of my life will be made known to the ministry team and possibly other people attempting to help me. I understand that there is no way that total and strict confidentiality can be guaranteed. I do not hold anyone on this team liable or accountable to do anything but their very best to maintain my confidentiality. \_\_\_\_\_ (Initials)
5. I acknowledge that OBM does not claim to be trained professional counselors, psychologists or medical professionals. I also acknowledge that OBM does not claim knowledge and expertise in areas of counseling, medical conditions, suicide, life or death situations or other areas that may be life threatening. \_\_\_\_\_ (Initials)
6. I acknowledge that sometimes during a deliverance, in some cases, there may be the need for physical restraint. Restraint is needed to protect myself and the ministry team members who are ministering to me. I agree to be restrained only if needed to keep me from endangering myself or others. \_\_\_\_\_ (Initials)
7. In John 10:10 Messiah Yahshua (Jesus) states, “The thief comes to steal, kill and destroy; I have come to give life and life more abundantly.” I, my estate and/or heirs will not hold OBM responsible for my death or any physical injury incurred during a deliverance session, as I enter into this of my own free will. Although this has never happened during any of our sessions, I realize that this group is sincerely trying to help me and will do everything in Yahweh’s (God’s) power to protect me from harm, injury or demonic attacks. \_\_\_\_\_ (Initials)
8. I give permission to have my deliverance video taped. I understand that this taping will enable this ministry team to review my progress, be a witness to myself and cover OBM against any legal action. \_\_\_\_\_ (Initials)
9. I willfully and gradually taper off mind-altering medications. I, my estate and/or heirs will hold harmless OBM for any side effects or negative physical conditions which may occur. This is of my own choice and not of any direction of the ministry team. \_\_\_\_\_ (Initials)

**IF YOU ARE MARRIED:** My spouse **IS / IS NOT** aware that I am seeking deliverance.

If your spouse is not aware, I declare I am a free person choosing by my own decision to obtain freedom, even if my spouse does not agree with me doing so. \_\_\_\_\_ (Initials)

\_\_\_\_\_  
Your Signature

Date \_\_\_\_\_

\_\_\_\_\_  
Ministry Team Member’s Signature

Date \_\_\_\_\_

\_\_\_\_\_  
Ministry Team Member’s Signature

Date \_\_\_\_\_