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## **Helping Someone in Trouble Case Evaluation Form**

**Wish to help a family member or friend who is in a controlling group or relationship?**

**Please complete this form to tell us about your needs.**

This form asks for a lot of information as it will help us with our initial consultation. However, please know that some clients prefer to give us the details orally. If you can give us as much detail as possible within 10 pages, please do so as it is considered part of the initial consultation. If you choose to type your responses, we ask that you use Times New Roman 12-point font. Attach additional sheets as needed. Fields marked with an asterisk \* are required, please. If you wish to give us more than 10 pages, there will likely be an additional time charge.

Thank you,

Steven Hassan

**TODAY'S DATE\***

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**YOUR CONTACT INFORMATION:**

**1. Your Name**

**2. Your Relationship to the person you are concerned about**

**3. Your Email Address\***

**4. Preferred Phone Number\***

**5. Secondary Phone Number**

**6. Mailing Address Line 1**

**7. Address Line 2**

**8. City**

**9. State/Province**

**10. Zip code**

**11. Country\***

**12. How did you hear about us? (Did you get a referral from a person or group? see a blog? Please be specific.) \***

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**THE CULT, CONTROLLING GROUP OR INDIVIDUAL:**

- 13. Name of Controlling Individual or Group\***
  
- 14. Location of the Controlling Individual or Group**
  
- 15. Names of Group Founder(s)**
  
- 16. Current Leader(s)**
  
- 17. Are there links to websites or other social media by this controlling entity? List them, please.**
  
  
- 18. Are there lawsuits, blogs, articles, books, documentaries or websites critical to the group, please list here.**

**19. Have you spoken to any vetted (bone fide) former members of the group? Are they willing to help? Please list their name and contact information (with their permission, of course).**

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**THE PERSON YOU WANT TO HELP:**

**20. Who are you concerned about?\***

**21. When were they recruited into the group or relationship?**

**20. Where are they located now?**

**21. How are you related to them?\***

**22. What is their sex?**

**23. What is their age?\***

**24. What were their previous hobbies, interests, and career goals?\***

**25. What is their religious background?**

**26. Please describe their health (physical, mental, emotional, social)**

**27. List any therapists or other healing services they have used**

**28. What are the reasons your loved one has given for becoming involved with the controlling group/individual?**

**29. Briefly describe the chronology of events within the high control group or relationship:** Include details such as names of significant cult members and leaders; length of time from initial contact to full commitment; jobs or roles the individual has had in the group (as well as what location); what kind of communication the individual has had with family and friends since joining. Please be as complete as possible. Attach separate sheet if needed.

**30. What doubts have they expressed about the group or relationship, and to whom?**

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**FAMILY AND SOCIAL NETWORK OF THE PERSON YOU WANT TO HELP**

**31. Please list and describe immediate family members' names, age, sex, occupations and location.** Attach separate sheet if needed.

**32. Describe the family environment before they became involved in the controlling group or relationship.**

**33. Describe any other significant relationships. Include details about best friends; boy/girlfriends; and any other close relatives. Describe any patterns of behavior observed. Attach separate sheet if needed.**

**34. Who is willing to help? (friends, family, others...)**

**35. Who is not willing to help and why?**

**36. Which person (outside of the cult or controlling relationship) has been closest to the cult member?**

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**YOUR ACTIONS TAKEN AND GOALS**

**37. What actions have you already taken to help this individual?**

**38. What are your current goals?**

**39. Is there anything else we should know?**



**If you have difficulty filling out this form, do the best you can. If you prefer to give the information orally, we can accommodate this. Please call our office at (617) 396-4638.**

**Return to the mailing address provided above, email to [admin@freedomofmind.com](mailto:admin@freedomofmind.com) or fax to (617) 628-8153.**

**We use Virtru for encrypted email, Signal for encrypted texting and calls, and Zoom for encrypted video and audio calls.**