

SEMINAR FOR PARENTS

As Required by the Superior Courts of the Southern Judicial Circuit

This educational program focuses on the needs of children during times of stress and change within the family

Comments about the class...

"Every parent needs to attend, divorce or not..."

"Very helpful in the way I see my ex-spouse."

"At first, I didn't want to come, but I'm so glad I did. Really learned a lot about some issues I hadn't thought of."

"Showed various ways to deal with the other parent. Will benefit my children greatly!"

SCHEDULE:

Tuesday evening from 6 pm to 9 pm - Thomas County and Colquitt County - *please refer to schedule for exact dates and locations*

OR

Saturday from 2 pm to 5 pm - Lowndes County - *please refer to schedule for exact dates and locations*

LOCATION:

THE SEMINARS WILL BE HELD IN THE LAW ENFORCEMENT CENTERS OF LOWNDES, THOMAS AND COLQUITT COUNTIES. PLEASE REFER TO SCHEDULE FOR EXACT LOCATIONS

ATTENDANCE:

ATTENDANCE IS REQUIRED OF BOTH PARTIES IN DIVORCE, SEPARATE MAINTENANCE, LEGITIMATION, PATERNITY, CHANGE OF CUSTODY, CHANGE OF VISITATION, AND ANY OTHER DOMESTIC RELATIONS ACTIONS WHERE CHILDREN UNDER THE AGE OF 18 ARE INVOLVED, WITHIN 45 DAYS OF SERVICE UPON THE DEFENDANT. (THE PARTIES ARE NOT REQUIRED TO ATTEND THE SEMINAR TOGETHER.)

A FEE OF \$40.00 PER PARTICIPANT IS REQUIRED. WHEN PRE-REGISTERING USING THE FORM BELOW, THE FEE MUST BE PAID BY MONEY ORDER, CERTIFIED CHECK, OR ATTORNEY'S CHECK. YOU MAY ALSO REGISTER AS A "WALK-IN" THE DAY OF THE CLASS, AND WILL NOT NEED THE REGISTRATION FORM. PERSONAL CHECKS ARE NOT ACCEPTED. INDIGENT PARTIES MAY COMPLETE A POVERTY AFFIDAVIT AND SUBMIT IT AS AN APPLICATION FOR WAIVER OF THE FEE. THIS MUST BE DONE 2 WEEKS IN ADVANCE OF THE CLASS.

CHILDCARE WILL NOT BE PROVIDED - PLEASE DO NOT BRING CHILDREN TO THE SEMINAR.

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REGISTRATION NAME _____ DETACH AND MAIL YOUR ATTORNEY'S NAME _____ REGISTRATION
ADDRESS _____ ATTORNEY'S PHONE # _____
YOUR PHONE # _____

PLEASE SELECT THE SESSION YOU PREFER:

TUESDAY EVENING, 6 TO 9 PM * _____
month day year

Location _____

OR

SATURDAY AFTERNOON, 2 TO 5 PM * _____
month day year

Location _____

\$40.00 FEE ENCLOSED (per participant) - Money Order, Cashier's Check, Attorney's Check, made payable to IBIC, Inc. - NO PERSONAL CHECKS, PLEASE

I will apply for a waiver of the fee. (Waiver of fee requires completion of a Poverty Affidavit and approval by the Presiding Judge or his designee prior to the Seminar).

*PLEASE REFER TO SCHEDULE FOR EXACT DATE AND LOCATION

I prefer not to attend the same seminar as my former spouse.

Please notify me if _____ is registered for the same time.

CUT ALONG DOTTED LINE AND SEND COMPLETED REGISTRATION FORM TO: IBIC, Inc.
313 W Dame Avenue, Suite C
Homerville, GA 31634