## The Parent Education and Family Stabilization Course:

## "Children FIRST in Divorce"

Registration Information

**April-June 2014** 

Administered by: Hope Haven Children's Clinic and Family Center 4600 Beach Boulevard Jacksonville, Florida 32207 (904) 346-5100

#### COURSE DESCRIPTION

"Children <u>First</u> In Divorce" is an education course for separating and divorcing parents who have minor children or those involved in a paternity action involving issues of shared parenting. The program focuses on the concerns parents have regarding their decision to divorce, or parent separately, and the impact this process will have on their children.

Using a classroom format, instructors will provide information through lecture, video, role play, and discussion. The topics include: The Six Tasks of Divorce, The Grief Process, What Children Need to Hear, Typical Reactions, What Kids Need to Do to Adjust, and How Parents Can Help.

This program will provide an opportunity for parents to learn more effective ways of communicating with each other in order to make decisions that are in the best interest of their child(ren).

#### **REGISTRATION INFORMATION**

Attendance is required of both parties in a divorce or separation action. Registration by the petitioner must be completed within 10 days of filing the initial petition. The respondent must register within 10 days of being served or filing a responsive pleading, whichever occurs first. The Judge may direct attendance to this course for any related matter associated with a divorce, separation, or paternity action.

#### PRE-REGISTRATION REQUIRED

Pre-registration is required to assure your place. Complete the registration form located on the back page. To register, you may:

- Register online at www.hope-haven.org/cfid <u>only</u> if paying by credit card.
- Mail this form with \$40.00 fee to: Hope Haven Children's Clinic 4600 Beach Blvd. Jacksonville, Fl. 32207 (Personal checks are not accepted)
- 3. Register in person at Hope Haven Children's Clinic if paying in cash or have a Certificate of Indigency.
- 4. Register by phone (904.346.5100) if you do not have access to a computer.

Plan to attend the seminar which you have requested. No further notification will be given unless there is a cancellation or conflict. FAILURE TO REPORT TO YOUR SCHEDULED CLASS OR TO PROVIDE NOTICE OF CANCELLATION WILL RESULT IN FORFEITURE OF CLASS FEE.

Arrive 15 minutes early to ensure credit for your attendance - credit will not be given to late arrivals.

Access to the classroom will be denied, and no refunds will be given. You must attend the full session to receive a Certificate of Completion.

Attendance will be confirmed with the court.

\*DO NOT BRING CHILDREN TO THE SEMINAR\*

SEMINAR LOCATION: HOPE HAVEN CHILDREN'S CLINIC & FAMILY CENTER

4600 Beach Blvd. Jacksonville, Fl. 32207

<u>PERSONAL REMINDER:</u> In the space provided below, write the information regarding the class for which you would like to be registered.

I would like to a	attend the "Childro	n			
		<u></u>		Date	·
Class Time:	From	to	<u></u> .		

#### IMPORTANT:

- Please arrive 15 minutes before class begins
- Picture identification is required at check-in
- FAILURE TO REPORT TO YOUR SCHEDULED CLASS OR TO PROVIDE NOTICE OF CANCELLATION WILL RESULT IN FORFEITURE OF CLASS FEE.

#### \*\*\*NOTE\*\*\*

 Classes fill quickly; therefore, please select a class date which allows a minimum of two weeks from date registration is mailed.

# The Parent Education and Family Stabilization Course: "Children <u>First</u> in Divorce" April-June 2014

Date April 03 April 05 April 10 April 12 April 17 April 19 April 24 April 26	Day Thursday Saturday Thursday Saturday Thursday No Class Thursday Saturday	Time 5:45 p.m 10:15 p.m. 8:15 a.m 12:45 p.m. 5:45 p.m 10:15 p.m. 8:15 a.m 12:45 p.m. 5:45 p.m 10:15 p.m. No Class 5:45 p.m 10:15 p.m. 8:15 a.m 12:45 p.m.
<b>May 01</b>	Thursday	5:45 p.m 10:15 p.m.
May 03	Saturday	8:15 a.m 12:45 p.m.
<b>May 08</b>	Thursday	5:45 p.m 10:15 p.m.
<b>May 10</b>	Saturday	8:15 a.m 12:45 p.m.
<b>May 15</b>	Thursday	5:45 p.m 10:15 p.m.
<b>May 17</b>	Saturday	8:15 a.m 12:45 p.m.
<b>May 22</b>	Thursday	5:45 p.m 10:15 p.m.
<b>May 24</b>	No Class	No Class
<b>May 29</b>	Thursday	5:45 p.m 10:15 p.m.
May 31	Saturday	8:15 a.m 12:45 p.m.
June 05	Thursday	5:45 p.m 10:15 p.m.
June 07	Saturday	8:15 a.m 12:45 p.m.
June 12	Thursday	5:45 p.m 10:15 p.m.
June 14	Saturday	8:15 a.m 12:45 p.m.
June 19	Thursday	5:45 p.m 10:15 p.m.
June 21	Saturday	8:15 a.m 12:45 p.m.
June 26	Thursday	5:45 p.m 10:15 p.m.
June 28	Saturday	8:15 a.m 12:45 p.m.



### Children <u>First</u> in Divorce Registration Form

Home Phone: Work Phone:	CASE #		DIVISION #				
Last Name (Legal)  Birth Date: Sex: (Circle) M F  Address: Street City State Z  Home Phone: Work Phone: Work Phone: Modification  If you prefer not to attend the same session as your spouse/former spouse, please indicate below: I prefer not to attend the same class as my spouse/former spouse.  Signature of Applicant Date  Class Requested: Date Time Fee: \$40.00 (Registration fee MUST be enclosed)  *METHOD OF PAYMENT: (Check one) * Personal checks are not accepted*  MasterCard Visa Money Order Cash Certificate of Indigency (A copy of the Certificate must accompany the registration Cardholder's Name: Exp. Date: V-Code: Billing Address: Exp. Date: V-Code:		(Required to correctly roa	ute your certificate)				
Birth Date: Sex: (Circle) M F Mo. Day Yr.  Address: Street City State Z  Home Phone: Work Phone: Mork Phone: Mork Phone: Modification of Marriage Modification of Marriage Modification of Marriage Modification of Marriage I prefer not to attend the same session as your spouse/former spouse, please indicate below: I prefer not to attend the same class as my spouse/former spouse.  Signature of Applicant Date Class Requested: Date Time Fee: \$40.00 (Registration fee MUST be enclosed)  METHOD OF PAYMENT: (Check one) * Personal checks are not accepted*  MasterCard Visa Money Order Cash Certificate of Indigency (A copy of the Certificate must accompany the registration Cardholder's Name: Exp. Date: V-Code: Billing Address:	Date: Cou	inty Case Filed In (Ci	rcle): <u>Clay</u> <u>Duval</u>	Nassau Ot	her:		
Mo. Day Yr.    Street   City   State   Z	Last Name (Legal)	First !	Name		Middl	e/Maiden	
Street City State Z  Home Phone: Work Phone: E-mail:  Type of Legal Action:   Paternity   Dissolution of Marriage   Modification of Marr	Birth Date:		Sex: (Ci	rcle) M	F		
Street City State Z  Home Phone: Work Phone:  E-mail:  Type of Legal Action: _ Paternity Dissolution of Marriage Modification  If you prefer not to attend the same session as your spouse/former spouse, please indicate below: I prefer not to attend the same class as my spouse/former spouse.  Signature of Applicant Date  Class Requested: Date Time Fee: \$40.00 (Registration fee MUST be enclosed)  *METHOD OF PAYMENT: (Check one) * Personal checks are not accepted*  MasterCard Visa Money Order Cash Certificate of Indigency (A copy of the Certificate must accompany the registration Cardholder's Name: Exp. Date: V-Code: Stilling Address: Exp. Date: V-Code: Stilling Address: Card #: Exp. Date: V-Code: Stilling Address:	•	Yr.					
E-mail: Dissolution of Marriage			ity		State	Zip	
Type of Legal Action:     Paternity	Home Phone:		Work Phone:				
If you prefer not to attend the same session as your spouse/former spouse, please indicate below:  I prefer not to attend the same class as my spouse/former spouse.    Date   Date	E-mail:						
If you prefer not to attend the same session as your spouse/former spouse, please indicate below:  I prefer not to attend the same class as my spouse/former spouse.    Date   Date	Type of Legal Action · □ Pater	nity □ Di	issolution of Marriage		□ Modifies	ation	
*METHOD OF PAYMENT: (Check one) * Personal checks are not accepted* MasterCardVisa Money OrderCashCertificate of Indigency	Signature of Applicant		 Date		<u>_</u>		
MasterCardVisa Money OrderCashCertificate of Indigency (A copy of the Certificate must accompany the registration  Cardholder's Name:  Exp. Date: V-Code:  Billing Address:	Class Requested: Date	Time	Fee: \$ <u>40.00</u>	(Registration	e fee <u>MUST</u> be e	nclosed)	
Cardholder's Name: Exp. Date: V-Code: Billing Address:	METHOD OF PAYMENT: (Ch	neck one) * Personal o	checks are not accepted	*			
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Billing Address:	Cardholder's Name:					<del></del>	
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