

The Parent Education and Family Stabilization Course:

"Children FIRST in Divorce"

Registration Information

OCT. - DEC. 2010

Required by:

The Fourth Judicial Circuit, State of Florida

Administered by:

Hope Haven Children's Clinic and Family Center

4600 Beach Boulevard

Jacksonville, Florida 32207

(904) 346-5100

COURSE DESCRIPTION

"Children First 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 parental responsibility. The program focuses on the concerns parents have regarding their decision to divorce, and the impact this process will have on their children.

Using a classroom format, instructors will provide information through lecture, video tape, roleplay, 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 or separation 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:

1. Mail this form with \$40.00 fee to:
Hope Haven Children's Clinic,
4600 Beach Blvd.,
Jacksonville, FL 32207; **(DO NOT SEND CASH).**
2. Register in person at Hope Haven Children's Clinic.
3. Register by phone (346-5100) only if paying by Credit Card.

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 (HH) CHILDREN'S CLINIC & FAMILY CENTER
4600 Beach Blvd.
Jacksonville, FL 32207**

PERSONAL REMINDER

In the space provided below, write the information regarding the class for which you register. Keep this page for reference.

I will be attending the "Children First in Divorce" Seminar on _____.

Date

Class Time: From _____ to _____.

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.
- 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.

The Parent Education and Family Stabilization Course:
"Children First in Divorce"
OCT - DEC 2010

Date	Day	Time
OCT 02	SAT	8:15AM- 12:45PM
OCT 07	THURS	5:45PM- 10:15PM
OCT 09	SAT	8:15AM- 12:45PM
OCT 14	THURS	5:45PM - 10:15PM
OCT 16	SAT	8:15AM- 12:45PM
OCT 21	THURS	5:45PM- 10:15PM
OCT 23	SAT	8:15AM- 12:45PM
OCT 28	THURS	5:45PM- 10:15PM
OCT 30	SAT	8:15AM- 12:45PM
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NOV 04	THURS.	5:45PM- 10:15PM
NOV 06	SAT.	8:15AM- 12:45PM
NOV 11	THURS.	5:45PM- 10:15PM
NOV 13	SAT.	8:15AM- 12:45PM
NOV 18	THURS.	5:45PM- 10:15PM
NOV 20	SAT.	8:15AM- 12:45PM
NOV 25	THURS.	NO CLASS
NOV 27	SAT.	NO CLASS
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DEC 02	THURS.	5:45PM- 10:15PM
DEC 04	SAT.	8:15AM- 12:45PM
DEC 09	THURS.	5:45PM- 10:15PM
DEC 11	SAT.	8:15AM- 12:45PM
DEC 16	THURS.	5:45PM- 10:15PM
DEC 18	SAT.	8:15AM- 12:45PM
DEC 23	THURS.	NO CLASS
DEC 25	SAT.	NO CLASS
DEC 30	THURS	NO CLASS

HOPE HAVEN CHILDREN'S CLINIC
And FAMILY CENTER

CHILDREN FIRST IN DIVORCE

REGISTRATION FORM

CASE # _____

Required by Court for Divorcing Parents

DATE: _____

County Case Filed In (Circle): Clay Duval Nassau DIVISION# _____

Birth Date: _____ Sex: (Circle) M F
Last Name (Legal) First Name Middle/Maiden Mo. Day Yr.

Address: _____
Street City State Zip

Home Phone: _____ Work Phone: _____
Social Security Number _____

Type of Legal Action: Paternity Dissolution of Marriage Modification
Years Married: _____
Ages of Children Involved in this Divorce: _____
Age Sex (circle)
1. _____ M F
2. _____ M F
3. _____ M F
4. _____ M F
of Previous Marriages: _____

Highest Educational Level Achieved: (Circle) 8th grade or less ; 9-11 ; H.S. Grad.; Some College; Bach.Degree; Post Grad.

MY Occupation is: _____

MY Estimated Annual Income Is: 0 - \$15,000 _____ \$15,000 - \$25,000 _____ \$25,000 - \$35,000 _____ \$35,000 - \$45,000 _____ Over \$45,000 _____

Race/Ethnic Data: 1. American Indian _____ 2. Cuban _____ 3. Asian _____
(Optional) Alaskan Native National Pacific Islander
4. Black _____ 5. Hispanic _____ 6. White _____
(Not of Hispanic Origin) (Not of Hispanic Origin)

Signature of Applicant _____ Date _____

Class Requested: Date _____ Time _____ Fee: \$ 40.00 (Registration Fee MUST be enclosed)

*METHOD OF PAYMENT: (Check One) _____
_ MasterCard _ Visa _ /Money Order _ Cash
Cardholder's Name: _____
Card #: _____

*Make Money Order OR Check Payable to: Hope Haven Children's Clinic and Family Center V-Code _____
4600 Beach Blvd.
Jacksonville, Fl. 32207

Signature

Expiration Date