

REGISTRATION FOR THE SEMINAR FOR DIVORCING PARENTS

Name as it appears on petition (please print) _____

Other Party's Name _____
(For Verification Only)

Address _____

City/State/Zip _____

Home Phone _____ Work Phone _____ Ext. _____

Case Number/County where you filed _____

Return To: **SEMINAR FOR DIVORCING PARENTS**
Court Administrator's Office
410 DeKalb County Courthouse
Decatur, Georgia 30030

PLEASE CHECK THE DAY YOU WILL ATTEND:

____ 1ST Monday 5:00 p.m. to 9:00 p.m. Month _____

____ 3rd Wednesday 12:30 p.m. to 4:30 p.m. Month _____

____ 4th Friday 9:30 a.m. to 1:30 p.m. Month _____

PLEASE CHECK SCHEDULE, CLASSES ARE SUBJECT TO CHANGE.

PLEASE CHECK THE APPROPRIATE PAYMENT:

____ \$30.00 Money Order or cashiers check per participant is enclosed; payment to DeKalb County Superior Court.

____ I will pay on the date of the seminar.

____ Fee Waived, waiver requires a financial affidavit approved by assigned Judge to be presented to the court administrator's office.

____ I prefer not to attend the same seminar as my spouse. Please notify me if _____ is registered at the same time.

A CONFIRMATION WILL NOT BE MAILED. PLEASE ATTEND ON SELECTED DATE.