

**CROSSROADS OF PARENTING & DIVORCE:
5 STEPS TO PREVENT DIVORCE ABUSE**

Seminar Expectations

DOs:

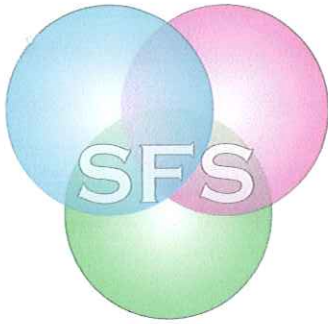
1. Arrive at the seminar on time and remain for the entire seminar.
2. Bring a pen or pencil to complete activities.
3. Focus on your child while you are learning new behaviors.
4. Accept responsibility for your own actions.
5. Be respectful to other participants and seminar leaders.
6. Demonstrate control over your impulses.
7. Maintain confidentiality at all times. Information shared during the seminar should not be shared with anyone outside the seminar, especially your child.

DON'Ts

1. If your spouse is attending the same seminar, please do not sit together. This will allow you to do small group activities with greater comfort.
2. Don't discuss your child's other parent before, during, or after the seminar.
3. Don't discuss your divorce or your co-parent during this seminar.
4. Don't focus on past marital issues. Stay focused on your children.
5. Don't bring any court documents to the seminar.
6. Don't attempt to convince the seminar leader or other parents to take sides with you against your child's other parent. Your personal situation should not be discussed.

In order to receive your Certificate of Completion, you must:

- Attend and participate in the four-hour seminar.
- Show appropriate and respectful behavior.
- Meet your financial obligation prior to the start of the seminar.
- Adhere to all seminar guidelines, expectations, and requirements.



SOLOMON FAMILY SOLUTIONS

Solomon Family Solutions
Supervised Visitation Services
166 N. Ocoee Street
Cleveland, TN 37311
Office: 423-834-8774
210 Railroad Street
Sweetwater, TN 37874
Office: 423-271-6201
Fax: 423-794-5331

PARENTING CLASS INTAKE INFORMATION SHEET

Date: Receipt #: Paid Online:

Referred by: Juvenile Court Family/Chancery Court Attorney

In which County is the Court or Agent located:

Are you the: Residential Parent Non-Residential Parent Other (specify)

Name:

Current Address:

Home Phone Number: Street City State Zip Cell Number:

When is the best time to contact you? May we leave a message at: Home Cell Work

Employer: Occupation:

Work Phone Number: E-mail:

Date of Birth: Social Security #:

Spouse Significant Other/ Partner Name:

Spouse/Significant Other/ Partner Social Security #: Date of Birth:

DEMOGRAPHIC INFORMATION: (Please check only one)
Marital Status: Divorced Separated Married
Race or Ethnic Group: African American Asian Bi-Racial Caucasian Hispanic
Native American Other (please specify)
Education Completed:
Gross Annual Household Income: Number of people living in your home:

CHILD #1

Name: _____ Gender: Female Male

Social Security Number: _____ Date of Birth: _____

Race or Ethnic Group: African American Asian Bi-racial Caucasian Hispanic
 Native American Other (please specify) _____

CHILD #2

Name: _____ Gender: Female Male

Social Security Number: _____ Date of Birth: _____

Race or Ethnic Group: African American Asian Bi-racial Caucasian Hispanic
 Native American Other (please specify) _____

CHILD #3

Name: _____ Gender: Female Male

Social Security Number: _____ Date of Birth: _____

Race or Ethnic Group: African American Asian Bi-racial Caucasian Hispanic
 Native American Other (please specify) _____

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Attorney's Name

Name: _____

Firm: _____

Address: _____

Telephone: _____ Street _____ City x: _____ State _____ Zip _____

Do you know your next Court Hearing date? Yes No If yes, give date: _____

In what County is your hearing being held? _____

What is the Docket Number? _____

Is there a current parenting plan? _____

Is there a CASA (Court Appointed Special Advocate) involved with your case? Yes No

Name: _____ County: _____

Is there a Guardian Ad Litem (GAL) involved with your case? Yes No

Name: _____

DOMESTIC VIOLENCE AND FAMILY VIOLENCE

Is there a history of domestic or family violence between the parties? Yes No

Is there a history of stalking? Yes No Is there a safety plan? Yes No

If yes to any of the above questions, please explain: _____

Was anyone ever formally charged with Domestic Violence? Yes No

What were the charges? _____

Is there a Civil Protection Order (OP/RO) in place? Yes No

If yes, describe reason for OP/RO: _____

What County or City Court issued the OP/RO: _____

Has either party violated the OP/RO? Yes No If yes, name the person: _____

Has the CHILD(REN) witnessed or experienced family violence (hitting, pushing, screaming, yelling, verbal fights, etc)? Yes No

If yes, please describe: _____

JAIL AND PRISON INFORMATION

Are you on... probation or parole? If yes, for how long? _____

PO Officer: _____ Phone Number: _____

Have either party served any time in jail or prison? Yes No

If yes, name of the person: _____

Describe what the offense was, the amount of time served and where it was served:

Offense	Dates/Time Served	Where served
_____	_____	_____
_____	_____	_____

If needed please list additional jail/prison information below.

PLEASE NOTE:

The facilitator's role is to guide parents through the divorce process and to enable parents with skills for effective and healthy co-parenting. The role of the parent is to participate in the course; be respectful; ask questions; and learn as much as possible to help his or her children to thrive.

Payment is required upon completion of intake unless prior approval by facilitator \$40.00

Please designate a class location in which to anticipate to attend; therefore, we can schedule you for that specific location, date, and time. Should you **NOT** be able to attend after signing up for a class, PLEASE notify SFS as soon as possible to reschedule to avoid a \$20.00 no show fee.

Cleveland Cleveland classes will be held the third Friday of each month from 9:00 am-1:00 pm

Sweetwater Sweetwater classes will be held the last Saturday of each month from 8:30 am-12:30 pm

SFS would like for all to attend; therefore, we will work with you the best we can to insure the best possible outcome.

Signature	Date
_____	_____

Solomon Family Solutions	Date
_____	_____