

FAMILY CONFLICT RESOLUTION CENTER
 3000 T Street, Suite 105
 Sacramento, CA 95816
 (916) 446-1500 / 916 271-4634
 (916) 446-1501 – FAX
www.familyresolutionctr.com

ATTORNEY REFERRAL REGISTRATION FORM

Attorney Instructions

Complete this form and fax it to (916) 446-1501. We will contact your client and complete the registration process. We will credit your client \$25 towards the cost of our program. If you have any questions, please call (916) 446-1500 or (916) 271-4634. Thank you for the referral.

PROGRAM INFORMATION

Name: Co-parenting Parenting Apart/Parallel Parenting High Conflict
Format & Cost: 8 hr Workshop - \$125 Teleclass - \$50/month Online Program - \$125
Program Date and Location (see website for upcoming dates and locations):

PARTICIPANT INFORMATION

Your Client:		Sex:	
Last Name	First:	__ Male __ Female	
Is this the legal name?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Birth date:	Primary Language:
If not, what is the legal name:		____/____/____	__ English __ Spanish __ Other
Street Address:		Telephone (Home/Work/Cell)	
City:	State/Zip:	Email Address:	
Other Parent:		Telephone:	
Last Name		First:	
Are the parents to attend together?		Is there a restraining order?	
__ Yes __ No To be completed by what date? _____		If yes, regarding whom _____	
Court of Jurisdiction:		<input type="checkbox"/> Please fax copy of the Certificate of Completion and a Letter to the Court to attorney	
<input type="checkbox"/> Sacramento <input type="checkbox"/> El Dorado <input type="checkbox"/> Placer <input type="checkbox"/> Yolo <input type="checkbox"/> Other _____			

ATTORNEY INFORMATION

Last name:	First:	Middle:	Telephone:()
Street address:			Fax:()
City:	State	Zip:	Email Address:

The above named participant is registering for a program offered by Family Conflict Resolution Center / Conflict Coaching Co. This service is offered for educational purposes only and FCRC/CCC, its agents and employees are not engaged in rendering legal, business, mental health, or other professional services. The participant is hereby notified that FCRC/CCC will not voluntarily disclose participant information, except: non-identifying information used for research, educational or reporting purposes; with the written consent of the participant; where ordered to do so by an appropriate judicial authority; where required to do so by law; or where the information disclosed suggests an actual or potential threat to human life or safety, or where a mandated reporting obligation exists as defined by the laws of the State of California. The participant agrees that FCRC/CCC it agents, employees and directors are in no way liable for any act or omission in connection with the release of information in connection with any aspect of my participation in, or any other aspect relating to the provision of this program. I agree to indemnify and hold FCRC/CCC, its employees, agents and directors harmless from any claims for damages that may arise pertaining to any aspect of my involvement with this program.

Attorney Signature _____ Date _____
Fax this to (916) 446-1501 – We will complete the registration process with your client.

FOR OFFICE USE ONLY

Payment Type: Check Visa MC Other Credit Card # _____ Card # _____ Exp Date: _____
 Name on card: _____ Cardholder Address _____