

FAMILY CONFLICT RESOLUTION CENTER  
 CONFLICT COACHING COMPANY  
 3020 I Street, Suite 100  
 Sacramento, CA 95816  
 (916) 446-1500  
 (916) 446-1501 – FAX  
[www.familyresolutionctr.com](http://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. 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**

<b>Your Client:</b>		<b>Sex:</b>	
Last Name _____ First: _____		__ Male __ Female	
<b>Is this the legal name?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Birth date:</b>	
If not, what is the legal name: _____		____/____/____	
<b>Street Address:</b>		<b>Telephone (Home/Work/Cell)</b>	
<b>City:</b>		<b>State/Zip:</b>	
<b>Other Parent:</b>		<b>Telephone:</b>	
Last Name _____ First: _____			
<b>Are the parents to attend together?</b>		<b>Is there a restraining order?</b>	
__ Yes __ No To be completed by what date? _____		If yes, regarding whom _____	
<b>Court of Jurisdiction:</b>		<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"/> ElDorado <input type="checkbox"/> Placer <input type="checkbox"/> Yolo <input type="checkbox"/> Other _____			

**ATTORNEY INFORMATION**

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

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, its 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 \_\_\_\_\_