

**NINTH JUDICIAL DISTRICT  
FAMILY AND CHILDREN'S COURT SERVICES**

**1200 N. Thornton  
Clovis, NM 88101  
505) 769-2656 or 505) 769-3227**

**CUSTODY EDUCATION WORKSHOP  
REGISTRATION FORM**

The purpose of this workshop is to help parents understand the impact that conflict has on the entire family. Covered topics include: understanding the emotional aspects of divorce; the two-home approach to parenting or shared parenting; responses of children in divorce; orientation to mediation; and formulating parenting plans. This workshop is required by all parents seeking dissolution of marriage.

You will be scheduled to attend a workshop separate from the other party. Please write the name of the other party in the space provided. We reserve the right to ensure participant's safety. No one will be admitted to class if they are carrying a weapon or are under the influence of drugs and/or alcohol. You will be asked to leave class if you exhibit behavior that is disruptive or threatening to class members or the facilitator.

The workshop fee is up to \$40.00. If you are indigent you may request for a Free Process Order from the courts. This registration form reserves your location. No other confirmation will be sent out.

**PLEASE CONTACT OUR OFFICE FOR WORKSHOP SCHEDULE AND LOCATION**

**PRE-REGISTRATION ONLY – NO REFUNDS**

**RETURN THIS FORM WITH YOUR WORKSHOP FEE BEFORE YOUR SCHEDULED  
YOU MAY MAIL IN FORM WITH FEE OR COME IN TO LOCATION  
FOR MORE DETAILS PLEASE CALL OUR OFFICE.**

**CLASS DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_ **LOCATION:** \_\_\_\_\_ **RM #** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_

**ANNUAL HOUSE INCOME \$** \_\_\_\_\_ **NUMBER OF CHILDREN** \_\_\_\_\_

**DO YOU PREFER AN ENGLISH OR SPANISH TEXT BOOK** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**NAME OF THE OTHER PARTY:** \_\_\_\_\_

**Date Paid:** \_\_\_\_\_ **Receipt No:** \_\_\_\_\_ **Received By:** \_\_\_\_\_