

“Building Bridges” Registration Form

Last Name (as it appears on court order)	First Name	Middle Initial	Last 4 of Social Security #
Street	City	State	Zip
Cell Phone	Home Phone	Work Phone	
Ex-spouse/Soon to be ex-spouse	County you live in	Your Lawyer's Name	

The following information is used for statistical purposes only. Please circle.

I am: 1) Male 2) Female Age: 1) 24 and younger 2) 24 - 39 3) 40 - 54 4) 55 and older

Race: 1) White 2) Black 3) Other Income: 1) Less than \$15,000 2) More than \$15,000

This is a: 1) Divorce 2) Separation 3) Legitimation 4) Modification 5) DHR Case 6) Other

The case was filed by: 1) Me 2) Spouse/ex-spouse

The ages of my children are, _____, _____, _____, _____, _____, _____, _____

What County is the case filed in? _____

Name of Judge: _____ Case Number: _____

Do you have safety concerns with your ex-spouse? If so, explain: _____

Email: _____

By checking the box below, I understand that I am giving permission for FCS to mail/e-mail me follow up information on the services I have received.

Yes, Family Counseling Service may send me follow up information.

Signature **Date**

DO NOT WRITE BELOW LINE - FOR OFFICE USE ONLY

1st _____/_____/_____ Amount Paid: _____ Date Paid: _____

2nd _____/_____/_____

Type: 4 Hours _____ 2 Hours _____ Client received handbook: Yes _____ No _____

Comments: _____