## PARENTING EDUCATION PROGRAM - ORDER, CERTIFICATE AND RESULTS

## STATE OF CONNECTICUT SUPERIOR COURT

www.jud.state.ct.us

JD-FM-149 Rev. 9-2000 C.G.S. §§ 46b-1, 46b-56, 46b-69b, 46b-231(m)(12)

## **INSTRUCTIONS**

<u>TO PARTICIPANT</u>: 1. Provide docket number if available in designated box. 2. Complete Section III if you are attending the Program to comply with the Automatic Orders or to comply with an order of the court or family support magistrate. 3. If you believe you are indigent or are unable to pay, complete and submit form JD-FM-75, Application for Waiver of Fees/Appointment of Counsel prior to attending the program. 4. **YOU MUST bring this form and any approved Fee Waiver form to the service provider.** 5. Select service provider from a list available at the clerk's office and contact that provider to arrange attendance and to inform it of any individual that you name in Section III. 6. Give original and ALL copies of the form to service provider.

<u>TO CLERK:</u> 1. If program participation is ordered by the court or family support magistrate, enter court location and docket number at right and complete section I or II as appropriate. 2. Keep gold copy and give original and remaining copies to participant.

1	DOCKET NO.	

FOR COURT USE ONLY

ORDPEP (Order for participation)

CERTPEP (Certification of results)

COURT LOCATION

FNOPEPF (Finding of inability to pay)

TO SERVICE PROVIDER: 1. Complete section IV and Division Office. 2. Give/send pink copy to participant. 3.			ate Family		
TO FAMILY SERVICES: 1. Upon receipt of Completion Certificate from service provider, complete section V and					
forward original to the superior court listed. 2. Keep green		ecords. ER (To be completed b	v Clork)		
NAME OF PARTICIPANT	I-COURT ORD	ER (10 be completed b	y Clerk)		
The above-named participant has been ordered to The court finds that this individual:	o participate in a	a parenting education pro	gram establi	shed pursuant	to C.G.S.§46b-69b.
IS ABLE to pay directly to the service provide	der the appropria	ate fee for participating in	a parenting	education prog	ram.
IS INDIGENT OR UNABLE to pay to particip				r participation i	n such a program
shall be covered by the service provider pur	•		9b.		_
BY THE COURT (Print or type name of Judge)	SIGNED (Judge, As	Asst. Clerk)			DATE ORDERED
SECTION II - FAMILY SUPPO	ORT MAGISTRA	TE DIVISION ORDER (	To be compl	eted by Clerk)	
NAME OF PARTICIPANT		,	•		
All parties being present before the Family Suppoparenting education program established pursuar individual:					
☐ IS ABLE to pay directly to the service provide	der the annronris	ate fee for participating in	a narenting	education prod	ram
IS INDIGENT OR UNABLE to pay to particip					
shall be covered by the service provider pur				1 participation i	ir odom a program
BY THE FAMILY SUPPORT MAGISTRATE DIVISION (Print or	•	SIGNED (FSM, Asst. Clerk)			DATE ORDERED
SECTION III - PARTICIPANT		N (To be completed by I	Participant -	print or type)	
NAME AND ADDRESS OF PARTICIPANT (No., street, town an	d zip code)				
"X" IF APPLICABLE			SPECIFY NAME	OF INDIVIDUAL	
Participant requests not to be assigned by the	•	~ .			
"X" this box if you are attending the parentin				•	Book § 25-5).
SECTION IV - COMPLE NAME OF SERVICE PROVIDER	HON CERTIFIC	SATE (TO be completed	by Service I	Provider)	
NAME OF SERVICE PROVIDER					
DATE(S) OF PARTICIPATION		LOCATION AT WHICH PROGRAM WAS PROVIDED			
TO: The Court Support Services Division, Fam The above-named participant was scheduled to p	-	-		ertified that the	participant:
satisfactorily completed the program.		🗖			
did not satisfactorily complete the program f	or the following	reason(s):	attendance.	☐ other (	(specify below):
SIGNED (Authorized Person)	PRINT OR TYPE	NAME OF PERSON SIGNING	AT LEFT		DATE SIGNED
SECTION V - PARTIC	IPATION RESU	LTS (To be completed	by Family Se	ervices)	
TO: The Superior Court		(12.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.			
The Court Support Services Division, Family Services	vices Unit of the	Superior Court certifies t	the results of	participation as	s indicated above.
OLONED (Authorized Ferrits District Demons)		NAME OF DEBCON CICNING			DATE CICNED

SIGNED (Authorized Family Division Person)

PRINT OR TYPE NAME OF PERSON SIGNING AT LEFT

DATE SIGNED