

**LIFELINES**  
**FAMILY COUNSELING CENTER**  
**“HELPING CHILDREN COPE WITH DIVORCE”**

Please mail this completed form and your payment of **\$50.00** at least three (3) days prior to the date you plan to attend to the following address:

**\*\*If paying by check, please put your Driver's License Number on the check or we can NOT process your registration.**

**FAMILY COUNSELING CENTER OF MOBILE**  
**P.O. BOX 91068**  
**MOBILE, AL 36691**

**AN ADDITIONAL PAYMENT OF \$50.00 WILL BE REQUIRED FOR PARTICIPANTS WHO DO NOT GIVE A 48 HOUR NOTICE OF CANCELLATION.**

You can also pay through our website – [www.lifelinesmobile.org](http://www.lifelinesmobile.org). Click on the *Make a Donation* button and follow instructions from there. If you have any questions, please call **(251) 602-0909**.

**Your Name** \_\_\_\_\_  
AS IT APPEARS ON THE DIVORCE DECREE

**Spouse's Name** \_\_\_\_\_  
AS IT APPEARS ON THE DIVORCE DECREE

**Case Number** \_\_\_\_\_ **Judge** \_\_\_\_\_

**Approximate Date Ordered to the Program:**     \_\_\_/\_\_\_/\_\_\_

**Please Indicate Which Parent Will Be Attending:**

_____ Natural Mother	_____ Natural Father
_____ Stepmother	_____ Stepfather
_____ Grandmother	_____ Grandfather
_____ Adoptive Mother	_____ Adoptive Father
_____ Other _____	

**Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **County** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell** \_\_\_\_\_

**\*\*\*\*\*PLEASE NOTE: NO CHILDREN ARE ALLOWED IN THE CLASS\*\*\*\*\***

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**I am planning to attend the “Helping Children Cope with Divorce” seminar on:**

**Date:** \_\_\_/\_\_\_/\_\_\_                      **Time:** \_\_\_\_\_

**I understand that I will NOT receive credit for the class if I arrive late or leave early. Attendance is reported by case number only. If not available at registration, you MUST call back with the case number as soon as possible.**

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