

<p>SUPERIOR COURT OF CALIFORNIA COUNTY OF TUOLUMNE 12855 Justice Center Drive, Sonora, CA 95370 Phone: (209) 533-5555</p>	Space below for use of Court Clerk only
In re the Matter of: _____, ___ Plaintiff ___ Petitioner ___ Other Parent and _____, ___ Respondent ___ Defendant ___ Other Parent	Case Number:
___ PETITIONER'S ___ PLANTIFF'S ___ RESPONDENT'S ___ DEFENDANT'S ___ OTHER PARENT'S	
<p>CERTIFICATE OF ATTENDANCE OF COOPERATIVE PARENTING WORKSHOP</p>	

(insert attendee's name)

completed the
COOPERATIVE PARENTING WORKSHOP
on

(insert date)

Requires signature of one of the following Facilitators:

WALTER REED, LMFT
*Licensed Marriage Family
 Therapist - Lead Mediator*

SHARON SWAFFAR, LMFT
*Licensed Marriage Family
 Therapist - Mediator*

CINDY HALL, LMFT
*Licensed Marriage Family
 Therapist - Mediator*

CERTIFICATE OF ATTENDANCE OF COOPERATIVE PARENTING WORKSHOP – FAMILY LAW