SUPERIOR COURT OF CALIFORNIA COUNTY OF TUOLUMNE 12855 Justice Center Drive, Sonora, CA 95370 Phone: (209) 533-5555	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

CERTIFICATE OF ATTENDANCE OF COOPERATIVE PARENTING WORKSHOP

_____

(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