SUPERIOR COURT OF CALIFORNIA COUNTY OF TUOLUMNE  12855 Justice Center Drive, Sonora, CA 95370 Phone: (209) 533-5555  In re the Matter of:  Plaintiff Petitioner Other Parent and Respondent Defendant Other Parent  Respondent Defendant Other Parent			
12855 Justice Center Drive, Sonora, CA 95370 Phone: (209) 533-5555  In re the Matter of: PlaintiffPetitionerOther Parent  and RespondentDefendantOther Parent PETITIONER'SPLANTIFF'SRESPONDENT'SDEFENDANT'SOTHER PARE			Space below for use of Court Clerk only
Phone: (209) 533-5555  In re the Matter of: PlaintiffPetitionerOther Parent  and RespondentDefendantOther Parent PETITIONER'SPLANTIFF'SRESPONDENT'SDEFENDANT'SOTHER PARE  CERTIFICATE OF ATTENDANCE OF COOPERATIVE PARENTING WORKSHOP  (insert attendee's name)  completed the  COOPERATIVE PARENTING WORKSHOP  on			
In re the Matter of: PlaintiffPetitionerOther Parent andRespondentDefendantOther Parent PETITIONER'SPLANTIFF'SRESPONDENT'SDEFENDANT'SOTHER PARE  CERTIFICATE OF ATTENDANCE OF COOPERATIVE PARENTING WORKSHOP  (Insert attendee's name) completed the COOPERATIVE PARENTING WORKSHOP  on	12855 Justice Cente	er Drive, Sonora, CA 95370	
	Phone:	(209) 533-5555	
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	In re the Matter of:		
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Respondent Defendant Other Parent	Plaintill Petitioner	Other Parent	
Respondent Defendant Other Parent			
Respondent Defendant Other Parent  PETITIONER'S PLANTIFF'S RESPONDENT'S DEFENDANT'S OTHER PARE  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:	and		
Respondent Defendant Other Parent  PETITIONER'S PLANTIFF'S RESPONDENT'S DEFENDANT'S OTHER PARE  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:			
PETITIONER'S PLANTIFF'S RESPONDENT'S DEFENDANT'S OTHER PARE  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:		······································	Case Number:
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:	Respondent Defendar	it Other Parent	
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Requires signature of one of the following Facilitators:		(insert date)	
		(Insert date)	
WALTER REED, LMFT SHARON SWAFFAR, LMFT CINDY HALL, LMFT	Requires signature of one of	the following Facilitators:	
WALTER REED, LMFT SHARON SWAFFAR, LMFT CINDY HALL, LMFT			
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CERTIFICATE OF ATTENDANCE OF COOPERATIVE PARENTING WORKSHOP - FAMILY LAW