

2007
(Month/year you wish to participate)

THE PHOENIX CENTER



P.O. Box 1948, Greenville, SC 29602-1948
Phone: 864-467-3790 – www.phoenixcenter.org

“Children In The Middle” (CIM) Participant Registration Form

Name: _____ Date: _____

SS# _____ Age: _____ Sex: M or F Race: _____

Address: _____

Phone: Home _____ Other _____

Occupation: _____

Highest Grade/Level of Education Completed _____

Information about your child(ren)

Name	M or F	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Current parental status: (check one) Custodial _____ Non-Custodial _____ Joint _____
Non-Parent Seeking Custody _____

Please indicate your **current** marital status:

Married _____ Never Married _____
Separated _____ Date of Separation _____
Divorced _____ Date of Finalization _____
Remarried _____ Date of Remarriage _____

How long have you and your former partner been living in separate homes? _____

Were you court ordered to complete the CIM program? _____

By which judge? _____

What county? _____

If not court ordered, who referred you to CIM? _____

Your attorney's name? _____

Are you or your children receiving regular child support checks? _____

Name of opposing party: _____

By signing below I am indicating that all information I have given is correct to the best of my knowledge. I also understand that I will be asked to complete questionnaires regarding my divorce/separation and my opinion about the CIM Program. Completing these questionnaires is voluntary and I will not be penalized if I choose not to complete some or any of the questions.

Name (please print)

Signature