

NOTICE TO ATTEND
Washington County Court of Common Pleas
CUSTODY EDUCATION PROGRAM
Administered by Washington County Bar Association

Per local rule: As a prerequisite to court involvement in a custody matter, all parties to the action are ordered to attend the mandatory parenting program which has been approved, sanctioned and authorized by the Court and administered through the Washington County Bar Association prior to the Pre-Custody Conciliation Meeting. Failure of a party to attend the parenting program will result in sanctions against the party up to and including being prohibited from proffering evidence in the Meeting or Conference, or being held in contempt by the Court.

Attend online (\$50) or in-person (\$35). Approx. 45-60 minutes, including time to check-in/pay.

Online: To register, pay by debit/credit, and view program, go to: cep.washcobar.org
Follow the directions carefully. When you successfully complete the online program, an email will be sent to the Bar Association — we will notify the Court and email a Certificate of Attendance to you.

In-Person: Program held at the Bar Association office, 119 S. College St., Washington, PA 15301 on Mondays at noon, Tuesdays at 5:30pm and Wednesdays at 8am (with exceptions), or by appointment. Children should not attend, and opposing parties should not attend the program on the same date/time (but may do so only if both parties agree). Arrive 15 minutes prior to program's scheduled start time. Note: if you have mobility/accessibility issues, contact WCBA at 724-225-6710 and arrangements will be made for the program to be held at another location.

To register for In-Person program BY PHONE: Call 724-225-6710 (no need to fill out form); you may pre-pay (\$35) by credit/debit card; or, bring cash/money order with you to program.

Use the form below ONLY if you are attending the program in person AND you are paying by check. Otherwise, register by phone (or register/pay/attend online). Send completed form and \$35 check payable to "WCBA" to 119 S. College St., Washington, PA 15301 at least 14 days prior to 1st requested date.

YOUR NAME: _____

Please print clearly. Print your name above as you want it to appear on your Certificate of Attendance.

Parties / Names on Complaint or Petition:

_____ Vs. _____
Plaintiff / Person initiating complaint/petition *Defendant / Person responding to complaint*

How do you prefer to be contacted? By mail By Email By Phone

Do you need special arrangements for Vision Hearing Wheelchair Accessibility

Your Mailing Address: _____

Your Email Address: _____

Phone: Home: _____ Cellphone: _____ Work: _____

May we leave a message about your appointment on voicemail if you do not answer? Yes No

**Schedule: ★ Mondays at Noon ★ Tuesdays at 5:30pm ★ Wednesdays at 8am
with exceptions (or by appointment). List two dates/times you are able to attend:**

★ I CAN ATTEND on the following days/times:			
1st choice:		2nd choice:	
_____	_____	OR	_____
<i>Date (Mon / Tues / Wed)</i>	<i>Time (12p / 5:30p / 8a)</i>		<i>Date (Mon / Tues / Wed)</i> <i>Time (12p / 5:30p / 8a)</i>