FAMILIES IN TRANSITION (FIT) REGISTRATION FORM

NAME			
ADDRESS			
CITY/STATE/ZIP			
CONTACT NUMBER		_CELL	НОМЕ
CIVIL ACTION NUMBER	t		
COUNTY FILED IN			
I WANT TO ATTEND TH	E FIT SEMINA	R ON	
I WANT MY CHILD(REN) TO ATTEND	ГНЕ A.C.T. SEMIN	AR ON
***Pre-re	gistration is REQ	QUIRED FOR THE	A.C.T. Seminar**
<u>Registration i</u>	must be receive	ed at least 4 days j	prior to seminar date
Place and "X" by your ch	noice(s):		
\$30 Fee attached - Make money order or Cashier's check payable to: Families In Transition. NO PERSONAL OR BUSINESS CHECKS WILL BE ACCEPTED			
Fee Waiver: 1) Submargined by a Judge, which allow the Fulton County Superior County this form at least 3 busing are available at the Family 1	ows you to procee Court Clerk's Offi iness days before	ed/register without pace; 4) Submit a cop the seminar date. <u>Tr</u>	y of the file stamped Order he Poverty Affidavit forms
My child(ren) will att I MUST be pre-registered for site if I attended an earlier ser COMPLETE AND SUBMIT the Family Division website	r the FIT Seminar minar. PRE-REC An A.C.T. REG	on the same date as GISTRATION IS R ISTRATION FORM	EQUIRED. PLEASE
I prefer NOT to attend	l with my co-pare	nt.	
Name of co-parent: _			
REGISTRATION FORMS	SHOULD BE SU	BMITTED ALONG	WITH PAYMENT TO:
Scan and email to:	OR	Mail to):
FIT@fultoncountyga.gov		136 Pr	County Family Division yor Street, SW, Suite C-826 , GA 30303

Attn: Families In Transition