

“SMILE” PARENTING EDUCATION PROGRAM
VERIFICATION FORM

4th JUDICIAL CIRCUIT
BUTTE, CORSON, DEWEY, HARDING, LAWRENCE, MEADE, PERKINS, & ZIEBACH
COUNTIES
STATE OF SOUTH DAKOTA

Case number (if you have it): _____

Case title (names of the parties in the case) _____

This is to verify that (name) _____ has watched the entire SMILE parenting education video and has carefully reviewed the entire program booklet that accompanies the video.

Name of the person who completed the program (please print)

Signature of the person who completed the program

Date

I hereby personally confirm or attest that the person named above did indeed carefully view the entire SMILE program video and reviewed the booklet in full.

Name of the confirming person (please print)

Signature of the confirming person

Date

Please mail this form to: Fourth Circuit Court Administration, P.O. Box 626, Deadwood, SD 57732, or fax to 605-578-3613, or email a scan of this form to michael.pisciotta@ujs.state.sd.us. If you have any questions please call Court Administration at 605-578-2044.

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