

“SMILE” PARENTING EDUCATION PROGRAM  
VERIFICATION FORM

2<sup>nd</sup> JUDICIAL CIRCUIT  
LINCOLN AND MINNEHAHA 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: Court Administration, 425 N. Dakota Avenue, Sioux Falls, SD 57104, or fax to 605-367-5979, or email a pdf scan of this form to [UJSWeb2nd@ujs.state.sd.us](mailto:UJSWeb2nd@ujs.state.sd.us) If you have any questions please call Court Administration at 605-367-5920.