First Judicial District of Pennsylvania
**COURT OF COMMON PLEAS**
FAMILY DIVISION
**R**easonable **E**fforts in **A**ssessment, **A**ccess and **P**revention Unit
1801 VINE STREET
PHILADELPHIA, PA 19103
215-686-8328

**Myrna P. Field**
ADMINISTRATIVE JUDGE
FAMILY DIVISION

**Andrea Hoffman Jelin**
Director Children & Youth Services
Chief, Adoption Branch

## CURRENT FAMILY COURT-JUVENILE PROBATION COLLABORATIONS…

## PARENT PROJECT® CLASS LOCATIONS
**For parents of strong willed children from 10 years & up**

**#1**
**Saturday, January 29, 2005**
At 1801 Vine Street (03)
From 11:00AM to 3:00PM
**Call 215-686-8328 to Register**
**Classes are free of charge**
**A light meal will be provided**.

**#2**
**Tuesday, February 8, 2005**
At Frankford Group Ministries
4620 Griscom Street
6PM to 9:30PM **Call 215-686-8328 to Register**

**#3**
**Wednesday, February 2, 2004**
**Cunningham Community Center**
**1108 Lemon Street (11th and Wallace)**
**Philadelphia Pa. 19123**
**From 6:00 PM to 9:30 PM**
**Register at Family Court**
**Room 138M or Call 215-686-8328**
***Or* call 215-568-5860 - Bernadette Jones at GPFS**

**#4**
**Tuesday, February 8, 2005**
**Peirce Middle School Family Center**
**24th and Christian Street**
**From 5:00PM to 8:00PM**
**Register by 2/7/04 by calling:**
**215-686-8328 (Family Court)**

**OR…**

**Loving Solutions (ages 5-10 years)**
**Thursday, February 10, 2005**
**Kearney Elementary School**
**6th and Fairmount, Phila., Pa. 19123**
**2:00-6:00pm**
**TO REGISTER**
**CALL 215-686-8328 AT FAMILY COURT**
*Snacks will be provided for participants*

The attached intake form can be used and Faxed to REAAP/Parent Project Intake Unit at 215 686-7427, attention Renee Fortune. For further information on these classes call 215 686-8328, Weekdays from 9:00 AM to 4:30 PM and ask for the Parent Project registration.

# PARENT PROJECT INTAKE FORM

(OUR FAX #: 215-686-7427)

**REFERRAL SOURCE:** DATE:_____

NON-DELINQUENT CT _____

DELINQUENT CT _____ J#_____

TRUANCY COURT _____

PO or SW_____ #_____

AGENCY REFERRAL / CONTACT NAME_____#_____

REFERRAL STATUS: **VOLUNTEER or COURT REFERRED**

**LOCATION PREFERENCE:**_____

**PARENT / GUARDIAN NAME:**_____

ADDRESS_____ZIP_____

TELEPHONE (h)_____RELATIONSHIP_____

(w)_____WORK HOURS:_____

(c#)_____OTHER_____

**COURT INVOLVED CHILD'S NAME**_____DOB_____

ADDRESS_____SEX_____RACE_____

SCHOOL_____GRADE____REPEATING(Y/N)

MOTHER'S NAME/ADD (IF DIFFERENT FROM ABOVE)_____

| **NO**. | NAMES OF OTHERS IN CHARGE/CHILD/HOUSE | KINSHIP/CHILD |
|---|---|---|
| | | |
| | | |
| | | |

| CHILDREN | CHILD OF | SEX | DOB |
|---|---|---|---|
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COMMENTS (or Next Court Hearing):

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