

SMILE Completion Certification – Arenac County Friend of the Court

NAME_____ (Print clearly)

DOCKET/CASE NUMBER_____

Instructions: To complete Arenac County Friend of the Court’s SMILE program, answer the 3 following questions after watching the videos on our SMILE program website: <https://arenacountymi.gov/Courts-Law/SMILE/>

You will need to sign, date, and submit to the Arenac County Friend of the Court Office.

Questions

1. What is something one of the children in the SMILE video said about his/her parents’ interacting that reminds you of your family? What, if anything, might you do differently?
2. What is something one of the professionals in the SMILE video shared that reminds you of your family? Will you do anything differently as a result?
3. What is something one of the parents in the SMILE video shared that reminds you of yourself? Will you do anything differently as a result?

Signature:_____ Date: _____

PLEASE sign and date this completed form and return to the Friend of the Court’s office as soon as possible to ensure you receive credit for completion of the SMILE requirement.

Email: arenacfoc@gmail.com Fax: (989) 246-8143 Mail: PO Box 115 Standish, MI 48658