

SMILE Completion Certification – Bay County Friend of the Court

CONSMIL

NAME _____ (Print clearly)

DOCKET/CASE NUMBER _____

Instructions: To complete Bay County Friend of the Court’s SMILE program, answer the 3 following questions after watching the videos on our SMILE program website: <https://www.baycounty-mi.gov/FOC/SMILE-Program.aspx>,

You will then need to sign, date and submit this document to the Bay 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 to: michildsupport@baycounty.net or Fax: (989) 895-4220 or Mail: Friend of the Court, PO BOX 856, Bay City MI 48707-0856