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Precinct Three

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COUNSELING/CLASS VERIFICATION FORM

Docket #: _____

Name: _____

**YOU MUST REGISTER WITH AN APPROPRIATE CLASS/
COUNSELOR WITHIN 2 WEEKS FROM YOUR COURT
APPEARANCE.**

**IT IS YOUR RESPONSIBILITY TO HAVE THIS FORM
COMPLETED BY YOUR COUNSELOR OR INSTRUCTOR AND
RETURN IT TO THIS OFFICE WITH THE WRITTEN PROOF
PROVIDED BY THE AGENCY.**

NAME OF AGENCY/COUNSELOR: _____

AGENCY/COUNSELOR PHONE NUMBER: _____

NUMBER OF SESSIONS: _____

COMPLETION DATE: _____

COUNSELOR'S/INSTRUCTOR'S SIGNATURE

1520 Lake Front Circle, Suite 100 - The Woodlands, Texas 77380