

“SMILE” PARENTING EDUCATION PROGRAM  
VERIFICATION FORM

4th JUDICIAL CIRCUIT  
BUTTE, CORSON, DEWEY, HARDING, LAWRENCE, MEADE, PERKINS, & ZIEBACH  
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 return this form to the Clerk of Courts in the county where your case is filed.\*\*\***