



Counseling Request Registration

Please return this form with non-refundable fee of **\$100.00 for the first counseling hour** to:
The Children's Home Society of New Jersey, 635 South Clinton Avenue, Trenton, NJ 08611.
Check should be made out to The Children's Home Society of New Jersey.

Name _____ Adoptee ____ Birth Parent ____

Maiden Name, other name previously used _____

Address _____ Birth Date _____

_____ Birth Place _____

City _____ State _____ Zip Code _____

Home Phone # _____ Work Phone _____

Cell Phone _____

Services requested:

I understand additional counseling fees will be charged at the time services are provided once my initial hour of counseling has been used. Counseling services are provided at the rate of \$100/hour. I understand that if I am dissatisfied with the services provided, I have the right of review with the Vice President of Child Welfare of CHS of NJ.

Signed: _____ Date: _____

Fees may be paid by:

Check ____ Cash ____ Visa ____ Master Card ____

Please print your Visa/Master Card number below:

Expiration Date: Month _____ Year _____

Signature _____