

**EDUCATION PROVIDER CLAIM FOR REIMBURSEMENT FROM  
DIVORCING PARENT EDUCATION AND MEDIATION FUND (T.C.A. § 36-6-413)  
FOR REDUCED FEE PARENTING EDUCATION**

**INSTRUCTIONS:** Type and submit to the Administrative Office of the Courts, at [grants@tncourts.gov](mailto:grants@tncourts.gov)

STATE OF TENNESSEE

COUNTY OF: \_\_\_\_\_ COURT: \_\_\_\_\_ PART: \_\_\_\_\_

Cases for which a claim is being made:

Docket No.	Name of Parent	Date of Referral	Date of Service	Service Fee	Material Fee
Totals:				\$ _____	\$ _____

**NOTE:** Attach copies of the original Orders to No Fee or Reduced Fee Education to this form. Give details of the parenting education services and material provided in the area provided on page 2. Email to [grants@tncourts.gov](mailto:grants@tncourts.gov)

*I certify that the foregoing represents an accurate, complete statement of time in connection with parent education in the above action or proceedings.*

\_\_\_\_\_  
Signature of Education Provider                      Date

Enter FULL Name, Address, Email and Phone Number

Provider: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Email: \_\_\_\_\_

**TO BE COMPLETED BY THE ADMINISTRATIVE OFFICE OF THE COURTS**

Total authorized payment .....\$ \_\_\_\_\_ Approved by: \_\_\_\_\_

Acct. Charge Code: PEMF 302.27.21

