

# Client Financial Agreement

Verified Annual Household Income	Intake Orientation Per Parent	1 Hour of Monitored Visitation	2 Hours of Monitored Visitation
\$ 0 - 29,999	\$35	\$35	\$70
\$ 30,000 - 39,999	\$40	\$40	\$80
\$ 40,000 - 49,999	\$45	\$45	\$90
\$50,000 - 59,999	\$55	\$55	\$110
\$ 60,000 - Above	\$60	\$60	\$120

### Flat Fee Services

**Late Fee:** \$20 (for first 10 minutes and \$1 for every minute thereafter)

**Security Fee (if needed):** \$70 (Hired Security Officer)

**Court Appearance:** \$200 Retainer Paid in advance \$200/Half-Day \$400/Full -Day

**Case Reports:** \$50 - 3 pages or less \$75 - 4 to 5 pages \$100 - 6 pages or more

**Traveling Fee:** \*dependent upon distance

**Cancellation Fee:** Fee paid by cancelling parent. (visiting or residential parent regardless of reason & court order)

Based on the verification of income provided today your hourly rate for supervised visitation is \$\_\_\_\_\_ per hour. Paid for by Visiting  Custodial  Split  Half is \$\_\_\_\_\_  
Today's orientation appointment is \$\_\_\_\_\_.

1. If I am the financially responsible party I promise to pay the hourly rate at the start of every visit in cash.
2. If I am late I understand the above stated late fee will be charged and it will be due at my next visit regardless of circumstances and the financially responsible party listed on the court order.
3. I understand whichever party cancels a visitation, that party will be charged for the scheduled visitation, regardless of circumstances and the financially responsible person listed on the court order. This money will be due before the next visit.

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Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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Witness Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_