



TAMMY JO VROOM, MSW
 LICENSED CLINICAL SOCIAL WORKER

COURT APPEARANCE CONTRACTUAL AGREEMENT

The following contract outlines fees, costs, and expectations if I am subpoenaed and/or a request for my records is made for litigation purposes. Please note that even though you are responsible for the testimony fees, it does not mean that my testimony will be solely in your favor. I can only testify to the facts of the case and to my professional opinion.

If I am to receive a subpoena, then the attorney or office staff is required to contact me 72 hours prior to any court appearance, as it is necessary for me to reschedule clients in a reasonable time frame. Please note: If a subpoena and/or notice to meet attorney(s) is received without a minimum of 72 hours notice, there will be an additional \$250 express charge.

The fee structure for court appearance is as follows:

1. Preparation time (including records submission and/or a court report): \$250 (this is non-refundable)
2. Phone calls: \$200/hr. (billable in 15 minute increments)
3. Depositions: \$200/hr.
4. Time spent on court premises (with or without testifying): \$200/hr.
5. All attorney fees and costs that are incurred by the therapist as a result of legal action.
6. The minimum charge for a court appearance: \$750.00. **Non-Refundable.**

A retainer of \$750.00 is due at least 72 hours before the scheduled court appearance. The remainder of the costs will be presented and billed after the court appearance and will be due upon receipt. If the therapist is subpoenaed and the case is reset with less than 72 hours notice prior to the beginning of the day of the scheduled subpoena for trial, then the client will be charged \$500.00 (in addition to the original retainer of \$750.00 for having to appear in court).

My signature below signifies that I have read, understand, and agree to abide by all terms outlined in this contract, as well as providing my consent for Tammy Jo Vroom, MSW, LSCW, CFMSW to testify verbally and/or in writing to counseling services received in specific conjunction with said court action and/or appearance.

Client Printed Name _____

Client Driver's License Number or Social Security Number _____

Client Signature _____ Date _____

Therapist Signature _____ Date _____