



Name: _____

Date: _____

Agreement for Supervised Visitation

This is an agreement for:

_____ Supervised Visitation _____ Monitored Exchange and/or _____ Child
Transportation

made between: Safe and Sound Visitation Monitoring (SASVM) and
Parents identified below, regarding visitation of the child/ren identified in
Interview document.

Custodial Parent: _____

Visiting Parent: _____

Who is responsible for payment?

_____ Custodial _____ Visiting _____ Split

Who is responsible for transportation?

_____ Custodial _____ Visiting _____ Split

General Consents

I consent to Supervised Visitation (SV) and/or Monitored Exchange (ME)
services with Safe and Sound Visitation Monitoring. The entirety of this
contract is a legal and binding agreement. I agree to the following Terms
and Conditions of SV provided in this document.

Guidelines

I have received a copy of the Policy Procedure Guidelines and agree to adhere to all
of the rules and requirements set forth. I understand that failure to comply with

any Guideline is grounds for Termination of visit and/or SV / ME services.

If services are placed on Hold, you will be required to complete a Re-Orientation session before services are resumed.

_____Initial

No Therapy

I understand that SV is not therapy.

_____Initial

Confidentiality/ Release of Information

I understand that Court ordered services, such as SV or ME, are not protected by confidentiality laws. I understand that mutually agreed upon SV or ME also limits confidentiality of SV and ME documentation. The Monitor will be required to make a report of information obtained throughout the interview, orientation, visits and/or exchanges, when requested and paid for, copies will be sent to:

- The Court
- Attorneys of record, if applicable
- Minor Counsel, if applicable
- Social Worker/s, if applicable
- Custodial Parent

I understand that these other parties who are receiving information may not keep my confidentiality and that the Monitor does not have control over this.

I hereby authorize the use or disclosure of information regarding my Supervised Visitation services as specified above. This authorization permits disclosure of information about my visits, including interaction with my children, monitor and other parent.

_____Initial

Liability and Disputes

I agree to release, hold harmless and indemnify SASVM and any / all staff for any claims arising from the performance of this Agreement. Should performance of SASVM be interrupted by any occurrence which is beyond the control of SASVM, SASVM shall be excused from performance of its obligations and undertakings, so long as such condition continues in existence.

I understand there are benefits and risks to services. I hold SASVM, employees, contractors and associates harmless and not liable for the actions of other Parent or for incidents or directly; then if not resolved, with SASVM; and if not resolved, through neutral binding arbitration instead of Court process. Arbitration is a less formal and more private method of handling business disagreements. In the event of an Arbitration, each person/representative of the parties will pay for their own legal counsel. Any party named in the arbitration will split the fees of arbitration.

_____Initial

Laws and Policies

I understand that I can view Standard 5.20 Uniform standards of practice for providers of supervised visitation online or I can request a copy from my Monitor.

http://www.courts.ca.gov/cms/rules/index.cfm?title=standards&linkid=standard5_20

_____Initial

I understand that all employees of SASVM are mandated reporters. This means that any suspected child or elder abuse will be reported to the appropriate authorities.

_____Initial

I understand that issues related to safety, including possible abduction, driving under the influence, threats, etc. will result in suspension (Hold) or Termination of visit and/or services and a call to Police to ensure child, monitor and public safety.

_____Initial

I understand that my inability or unwillingness to follow guidelines will result in suspension (Hold) or Termination of visit and/or services. I understand this includes trying to interfere with visits, attempting to get Monitor to “side” with me, and/or failure to cooperate with Monitor. I understand that Monitor is a neutral third party who is there to ensure safe visits between non-custodial parent and child/ren.

_____Initial

I have received a copy of the Concern Form so that I can address issues related to SV with Monitor without having to bring the topic up in front of the child/ren.

_____Initial

I understand that the other parent is the parent during parenting time. His/her parenting time may include photography except in the case of suspected sexual abuse perpetrated by Visiting Parent against Child / ren.

_____Initial

I understand that SASVM will make every effort to establish a regular schedule, but there is no guarantee of time slot if there is a missed visit.

_____Initial

I give Monitor permission to transport child/ren for visits. This may include transportation to or from a visit for exchange of custody time or during a visit for community activities.

_____Initial

I will not bring a sick or contagious person (my self, my child, anyone else, etc.) to a Visit.

_____Initial

I will not argue with Monitor. I understand that all concerns, complaints and/or issues will be handled with the Director of Operations at SASVM, during regular business hours. I understand that I may be required to submit my concern via concern form.

_____Initial

Fees

If fees are split between Parents, both must agree, comply and pay applicable fee for visits to happen. Monitor WILL NOT dispute payment arrangements between Parents on behalf of either Parent. Monitor is not a personal banker nor a go-between for Parents.

I agree to pay SASVM for services related to SV and/or ME. I have read and agree to the additional policies including cancellation rules in the Guidelines document. I understand that if I cancel a visit for any reason, I will be responsible for that fee.

I understand that SASVM is not a grant-funded / free public service agency. Fees are billed for services provided (similar to an attorney, nail salon, or plumber, etc.). Placing unreasonable demands upon Monitor and/or other SASVM staff without notice and/or payment will result in a Hold or Termination of services.

_____Initial

I understand the fees are as follows:

Note: Fees are subject to review and adjustment.

Sometimes an additional monitor or certified translator is necessary and the party responsible for payment will be required to pay this additional fee.

- Severity of case: risk factors, etc.
- Number of children to be supervised
- Language barrier between Monitor and Visiting Parent/Child
- Other factors that may warrant extra caution.

Initial Interview

- \$100 per person (including children) - one-time fee, prior to the start of visits or exchanges
- Travel fees may apply
- Fee for interview / orientation for all parents and children plus fee for first visit are due prior to scheduling interview / orientation. Your interview will not be scheduled until payment is received and cleared. If your case is not taken, only the fee for first visit will be refunded. Interview / orientation fee is for administration time in gathering and reviewing information.

Monitored Exchanged

- \$150 per exchange
- travel fees may apply

Supervised Visits

- \$110 per hour with a 2-hour minimum
- travel fees may apply

Observational Reports

Visit fees DO NOT include visit Observational Report. If Observational Reports are requested, they are billed at the rate of \$20 per page. Please be mindful of your court dates and put your requests for Observational Reports in at least 3 weeks prior to scheduled court date if possible. If requesting a substantial amount of Observational Reports, I cannot guarantee they will be ready in time if request is less than 2 weeks prior to court date.

Payment Method

Cash is NOT accepted. Please do not attempt to pay via cash. You may mail or hand deliver a check to 2356 Moore Street, Suite 104, San Diego, CA 92110, or you may pay your invoice with a credit card. You are responsible to pay any fees associated with online payment processing. You may NOT deduct the electronic transaction fee from the fee paid to Monitor.

SASVM can text you the amount due. SASVM does not keep your credit card information on file for your own protection but you may call in your payment if you choose.

Fees for services must be paid in full one week in advance of visit. Please schedule your payments in a timely fashion. Failure to provide payment one week in advance may result in loss of scheduled visit time and Monitor's availability. There are **no exceptions** to this rule. Payment must be received and cleared ONE WEEK in advance- not 6 days; not 5 days.

If payment is not made, your time slot may be given to another family and you may not be able to get it back, depending upon SASVM staff availability.

Travel Time

There is no travel fee for appointments unless Monitor is asked to travel outside of location limits (see below).

Monitor's travel fees for outlying areas are:

- Billed at \$0.70 per mile

**Payment of travel time should be provided by Parent identified in Court document as responsible for transportation. However, SASVM staff do not negotiate these issues with Parents.*

Child Transportation

If Monitor is providing transportation for child, Monitor's travel within San Diego County limits is \$300 round trip (pick up and drop off at Custodial Parent's home or other location within San Diego County limits).

Holiday Fees

Fees are DOUBLED for SV or ME for visits on the following days; subject to availability:

- New Year's Eve and Day	Dec. 31 and Jan. 1
- Martin Luther King, Jr. Day	January- third Monday
- President's Day	February- third Monday
- Memorial Day	May- last Monday
- Independence	July 3, 4, and 5
- Labor Day	September- first Monday
- Columbus Day	October- second Monday
- Veteran's Day	November 11, Friday or Monday (varies)
- Thanksgiving	November- fourth Thursday, plus Wed before and Friday after
- Christmas	December 24, 25, 26

*When a holiday falls on a Saturday, it is usually observed on the preceding Friday. When the holiday falls on a Sunday, it is usually observed on the following Monday.
Please ask for specifics as holidays approach.*

Additional Services and Fees

- Child transportation fees- see Travel fees
- TBD for print and mail service, per occurrence (if you do not want to, or you cannot receive, your visit notes via email)
- \$125 for clock hour for consults with social worker, attorney, and/or other approved individual, billed in 15- minute increments. Payable by next visit or within 7 calendar days, whichever is sooner.
- \$50 per clock hour for written report (Court summary report, outside agency report, parent Warning, Hold or Termination notice), billed in 15- minute increments.
- \$250 per hour for Court appearance
- \$50 per clock hour for preparation for Court appearance (case review, staff time, etc.), billed in 15- minute increments.
- Each Parent is responsible for fees associated with his or her own attorney or other representative. The party (side) who calls the Monitor(s) to appear is responsible for the associated fee.

_____Initial

Acknowledgement

I have read and agree to the Terms and Conditions of receiving Supervised Visitation and/or Monitored Exchange services.

Printed Name _____

Signed _____ Date _____

Director of Operations for SASVM

Signed _____ Date _____