



SUPERVISED VISITATION FEE AGREEMENT

NONCUSTODIAL PARENT CUSTODIAL PARENT

- _____ The fee for the Initial Intake Interview is \$100.00.
- _____ The hourly fee for Supervised Visitation is \$125.00 with a 2-hour minimum.
- _____ The hourly fee for Supervised Visitation on a holiday is \$250.00 with a 2-hour minimum.
- _____ PICK-UP, If a party fails to pick up the child(ren) at the scheduled time, your Professional Provider of Supervised Visitation (PPSV) will provide a 15-minute grace period. Late fees will be charged at \$2.00 per minute after the 15-minute grace period. **ALL LATE FEES** must be paid in full prior to any upcoming Supervised Visitations being scheduled.
- _____ COLLATERAL CONTACT, if required, will be charged at the rate of \$125.00 per hour billed in 30-minute increments. Fees for Collateral Contact must be paid in full prior to any upcoming Supervised Visitations being scheduled.
- _____ All fees besides the Initial Intake & Orientation Interview fee are due 7 days in advance to Safe and Sound Visitation Monitoring and can be paid through ZELLE, VENMO @SafeandSoundVisitation or by Credit Card, Check, Money Order, or Cashier's Check.
- _____ Cancellations or changes **MUST** be made 48 hours in advance to have the funds reassigned. **If a supervised visit is cancelled by a party not responsible for the fees of supervised visitation, party not responsible will be COMPLETELY responsible to pay for fees of missed supervised visitation.** Supervised Visitation will not proceed until fees are paid in full.
- _____ If a visit is terminated there will be **NO REFUND** and an Incident Report will be filed. **The Incident Report must be paid for prior to any upcoming Supervised Visitations being scheduled.**
- _____ INCIDENT REPORT, There will be a \$50.00 fee for an Incident Report, which must be paid for by the party in which the incident occurred, before the next Supervised Visitation is scheduled.

_____ REPORTS, If supervised visitation reports are required, they will be charged at \$25.00 per page. Once requested and paid for, the report(s) will be released to all parties, plus their attorneys.

_____ If Court Testimony is required the fee will be \$250.00 per hour including travel, testimony, and court waiting time.

_____ I have read and understand this agreement and agree to abide by the terms and conditions herein.

Name: _____

Signature: _____ **Date:** _____