

Date _____ Custodial _____ Visiting _____ Guardian / Other _____

Agreement for Supervised Visitation

This is an agreement for:

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

made between: Provider / Monitor: Julie Alonso 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 Julie Alonso. 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. I have received an Orientation to SV / ME services.

Guidelines

I have received a copy of the SV Guidelines and agreed 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

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 interview, orientation, visits and/or exchanges, copies will be sent to:

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

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 Julie Alonso and any / all staff for any claims arising from the performance of this Agreement. Should performance of Julie Alonso be interrupted by any occurrence which is beyond the control of, Julie Alonso 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 Julie Alonso, employees, contractors and associates harmless and not liable for the actions of other Parent or for incidents or injuries that occur during visits or related services. I agree to manage any disputes: first, with the Monitor directly; then if not resolved, with a Supervisor at Julie Alonso; 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 [Necessary for California Providers and Clients]

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 Julie Alonso 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 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 Julie Alonso 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 contagious person (myself, 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 a Supervisor during regular business hours. I understand that I may be required to submit my concern via Concern form.

_____ Initial

I understand that the document produced by the Monitor after the Visit is the extent of communication that will be had regarding the Visit. While Julie Alonso desires that both Parents are completely happy with services, Julie Alonso is limited to discussing only matters related to the safety and wellbeing of the children and to scheduling concerns. Desires to question the details of who said what, when and how shall be directed to my attorney and/or to the Mediator. I understand this is necessary to avoid Monitor's bias, or appearance of bias. The Monitor is a neutral third party.

_____ 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 Julie Alonso 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 Julie Alonso 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 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 additional staff or security 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
- Other factors that may warrant extra caution.

Initial Interview

- \$45 per person (including children who are old enough) - one-time fee, prior to visits
- Travel fees 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

- \$ 50 per 15 minutes exchange
- travel fees apply

Visits

- \$100 per hour, two clock hour minimum required
- \$75 for each additional hour*, when conducted in consecutive hours
- Monitored Exchange for visits is included in this price
- travel fees apply

**visitation hour is 60 minutes based on appointment time; NO time credit given for late arrival by either party*

Invoices & Payment Policy

Invoices will be sent via email on the Monday before your scheduled visit. Payment must be received no later than **48 hours prior** to the visit.

Payments may be made directly through the invoice link, via **Venmo** (@Julie.Alonso – last 4 digits: 1274), or **Zelle** (925-594-1274).

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 Julie Alonso availability.

Holiday Fees

- \$150 for each clock hour 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

- \$50 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.
- \$350 for each half day (each 4-hour block) Court appearance per Monitor.
- \$50 per clock hour for preparation for Court appearance (case review, staff time, etc.), billed in 15- minute increments.
- \$50 per clock hour for travel time to Court appearances, 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. In the case of a Monitor speaking with a Mediator, both Parents will be billed equally for half of the 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 _____

PROVIDER OR BUSINESS Staff Printed _____

PROVIDER OR BUSINESS Staff Signature _____ Date _____