

## Fees and Financial Agreement

I am applying for services with Safe Harbor Supervised Visitation and Exchange Program. I understand the following information outlines my financial responsibility for payment for services provided. **Each party is financially responsible for their own Court Summaries unless otherwise specified in the Court Order.**

**Starting January 15, 2026 all fees must be paid the week prior to visitation.**

Intake and Orientation Fee	\$40.00 One-time <b>NON- REFUNDABLE</b> Individual parties must pay their own fee <b>"No Exceptions!"</b>
Supervised Visitation	\$35.00 per hour
Exchange Fee	\$25.00 per exchange \$50.00 per exchange if done on a holiday
Community Visitation	\$100.00 per hour
Telephone/Video monitoring (Zoom)	\$25.00 per phone call or video session
Breathalyzer	\$10.00 per swab
Early Drop Off/Late Pick-up Fee	\$35.00 flat fee for being early or late
Coordination fee on a case-by-case basis. If your case becomes more involved you will be charged a monthly fee of:	\$100.00 a month

\* Sliding Scale Available

### Costs Associated with Court appearances:

As Keeper of the Records, the Programs Director or Contract Staff may be subpoenaed for court. Please discuss all subpoenas and related court documents with the Programs Director. All fees must be paid in full prior to the release of reports, subpoena fulfillment, and/or copying of records. Visitation records will only be sent to an attorney, if an active attorney is not involved records will NOT be sent. PLEASE NOTE: In a civil case, documentation will only be sent to an attorney. If a client is not represented by an attorney, court must be scheduled and documentation will be released one week prior.

Reports for Attorneys, Court	\$40.00 to send <b>once</b> . Ongoing basis \$100.00. - sent via email. On the first Monday of each month
Court Testimony w/ Subpoena	\$500.00 per testimony requested
Records re-released/change of attorney	\$40.00

Fees are payable in **Cash, Venmo, Money Orders or Check and paid IN ADVANCE** of the visitation. No services will be performed unless the fees for those services are paid in full prior to the services being provided.

Fees for services are subject to change (advance notice will be given).

**A 24-hour cancellation notification is required. If no cancellation notification is given, the canceling or no-show party is responsible for the entire fee for the cancelled visit. The payment must be paid prior to scheduling another visit.**

I understand that payment for all fees is due **the week prior** of each Supervised Visit or Exchange. If I am unable to pay for sessions, special arrangements must be made with the Programs Director in **advance**, arrangements with the supervision staff may not be honored.

If I do not cancel or reschedule a visitation **twenty-four (24) hours** before the appointed time, the **full fee** (regardless of court ordered responsibility) is charged for the appointment. Only verifiable emergencies or sicknesses will be accepted to ensure no charge, at the determination of the Director & Programs Director. The payment for the cancellation is due at the beginning of the next session.

If I am more than 20-minutes early/late, I will be charged a flat fee of \$35.00 that is to be paid at the time of pick-up/drop off. If I do not have payment at that time, I must provide payment within 2 days prior to the next visitation. If I am still delinquent, at the time of my next visit it will be cancelled.

**\*\*If an insufficient funds check is returned a \$25.00 additional fee is charged. If two (2) insufficient funds checks are received from you an additional \$15.00 fee will be charged and all further fees must be paid in cash.**

#### **Delinquent Accounts**

If a family becomes delinquent in their fee payment, they, their attorneys, and caseworkers will be notified that their visits/exchanges will be suspended until the fees are paid in full or **payment arrangements have been made with the Programs Director.**

**The terms of this financial agreement have been explained to me and I agree to these terms and conditions.**

\_\_\_\_\_  
Client/Guarantor Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Witness Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date