

# Olive Branch Visitation Services

## Sarah Ellingson: Supervised Visitation Monitor

### Guidelines for Visitation

#### Punctuality

Both parties are required to follow their scheduled time of arrival. Do not come early or late. The provider will document the arrival time of each party. Please come on time.

If one party is arriving late the scheduled time of the visit will not be extended or change in any way. If one party is arriving late a phone call or text message to the provider is required. The provider will then provide instructions to both the noncustodial parent, custodial parent, and child on how to enter and exit the visit to ensure the safety of all parties.

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#### Locations of the Visits

The locations of the visits will be selected by the provider and the non-custodial parent. Unless the location is court ordered the provider has final approval.

In the case of sexual abuse or alleged sexual abuse no visits will take place in the area of said abuse.

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#### Fees and Cancellations

All clients will pay for their services in advance. Please be advised that 72-hours' notice is required to cancel any appointment. Because this time is reserved for the client, the client is charged the full fee if the client does not show for an appointment or cancels the appointment after the 72-hour cancellation period has commenced. All time spent with the provider is charged at the hourly rate of \$100. Time billed includes travel time and the time before and after supervised visits.

Payments can be made by cash, Chase quick pay, Zelle, and Apple Pay. All payment information will be given during intake.

#### Pay scale

**Intakes (which include adult orientations):** \$100 each (The payment for these will be discussed beforehand)

**Start up fee:** \$150 (calls, emails and document review)

**Orientation with Child/ren:** \$100 per hour.

**Visits:** \$100 per hour

**Before and After:** 15 minutes before and after with noncustodial parent = 30 minutes or \$45

**Report Writing:** \$70 per every hour of visit. A report for a two-hour visit will be \$140. A report for a three-hour visit will be or \$210 and so on.

**Communications:** Excessive phone calls, text messages, emails with attorneys and clients will be charged at \$100 an hour to both the noncustodial and custodial parent.

**Travel:** Billed for any time over 20 minutes from Morgan Hill is billed at \$100 per hour.

The payment must be made and processed before the visit begins otherwise this provider reserves the right to terminate the visit if payment has not been made.

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### **Parent Responsibilities**

Parents are expected to take care of and be responsible for their child/ren during the visits. The provider will intervene if a parent behaves unacceptably or the child/ren are in acute distress. The provider must remain with the client for the entire visit. The provider must be able to see and hear the client at all times. If the provider cannot do this, and the client refuses to comply, the visit will be terminated immediately. All guests must be approved by the court.

The following rules must be followed by the client whenever the child/ren and the provider are present:

- No video-taping/recording.
- Do not allow the child/ren to bring electronic devices (phones, iPads etc.) to the visits.
- No physical punishment.
- No foul or threatening language.
- No threats of violence towards anyone.
- No hostility towards anyone.
- No negative comments about the other party or his/her family.
- Do not place the child/ren in the middle of confrontational or non-age-appropriate situations.
- Do not ask the child/ren to pry for personal information about the other party.
- Do not use the child/ren as messengers to deliver information to the other party.
- Do not talk about or make promises about the future to the child/ren.
- Do not make demands for unwanted physical contact such as pressuring or bribing the child/ren for hugs and kisses.
- Do not inappropriately touch the child/ren's bodies.
- Do not whisper or speak so softly that you cannot be heard.
- Do not change the physical appearance of the child/ren without the approval of the custodial party.
- Do not ask the child/ren or provider to exchange or give anything to the other party.
- Virtual visitation stipulations
  - The custodial parent will not be in the same room as the child/ren while the visit is happening.
  - The child nor the non-custodial parent will change clothes while the Zoom visit is happening.

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### **Allegations of Sexual Abuse**

If there are allegations of sexual abuse to a minor, the following additional restrictions apply:

- No exchanges of gifts, money, or cards will be allowed between the alleged party and the child/ren.
- The alleged party cannot take photos or videos of the child/ren.
- The alleged party cannot initiate physical contact with the child/ren.
  - Physical contact includes, but is not limited to: lap sitting, hair combing, stroking, hand holding, prolonged hugging, wrestling, tickling, horseplay, changing diapers, accompanying the child/ren to the restroom, whispering, passing notes, hand signals, or body signals.
- The child can not initiate physical contact with the alleged party.
  - Physical contact includes, but is not limited to: lap sitting, hair combing, stroking, hand holding, prolonged hugging, wrestling, tickling, horseplay, changing diapers, accompanying the child/ren to the restroom, whispering, passing notes, hand signals, or body signals.
- No visits will take place within the location of the alleged abuse.

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### **Gifts**

All cards and gifts must be inspected by the provider prior to giving them to the child/ren. If what is written in or placed in the card or gift is deemed unacceptable in any way towards the child the provider will not allow the gift to be given. All gifts must be unwrapped as to allow for inspection and can be wrapped in front of the provider before being given to the child. The option of gift giving may be revoked at any time at the discretion of the provider.

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### **Observation Reports**

Reports can be sent to the court system at the request of clients, family court service mediators, judges or commissioners, and child/ren and family service caseworkers. Please allow at least one week for the reports to be prepared.

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### **Subpoenas/Court Testimony**

Time used for court preparation, wait-time, phone-standby, and/or testimony will be billed to the client at the rate of \$100 per hour. Preparation for court will begin after collection of a \$600.00 retainer from the client. No serving any type of court papers is allowed before, during or after visits. If any parent is served before, during, or after a visit the provider can terminate any current or future service.

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### **Alcohol and Other Drugs**

Consumption of or being under the influence of alcohol and/or drugs will not be tolerated. If there is any indication of being under the influence of alcohol and/or drugs the visit will be terminated immediately by the provider and the custodial parent will be called to pick up the child/ren.

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### **Confidentiality**

No confidentiality privilege exists within supervised visitation. Communications between parties and providers of supervised visitation are not protected by any privilege of confidentiality. Professional providers should, whenever possible, maintain confidentiality regarding the case except when:

- Ordered by the court;
- Subpoenaed to produce records or testify in court;
- Requested to provide information about the case by a mediator or evaluator in conjunction with a court-ordered mediation, investigation, or evaluation;
- Required to provide information about the case by Child Protective Services; or requested to provide information about the case by law enforcement.

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### **Termination of Services**

I have read and understand these guidelines and am willing to abide by these stipulations. I understand that if I do not follow these stipulations, services will be terminated.

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The provider has the right to terminate services at any time for any reason. I agree to follow the terms and conditions of service as written out in this document.

\_\_\_\_\_ Signature \_\_\_\_\_ Date

\_\_\_\_\_ Printed Name