

# Close To Home Supervised Visitation LLC.

## Fee Agreement Policy-Supervised Visitation

\$50 per hour – Visits / cash - check – cards (+3%)

It is the responsibility of the visiting party, unless otherwise specified in court documentation, to pay for the supervised visitation and payment is due at the beginning of each visit.

Court Testimony: In the event you (your attorney) subpoena Close To Home Visitation Center staff to appear in court, you will be charged \$50 per hour with a \$150.00 deposit that includes Travel Time/Parking/Waiting and any other incurred cost. We will limit our responses to the information contained in the case file and will not provide recommendations or opinions.

**Deposit must be paid in advance or it is agreed that Close To Home Supervised Visitation and it's employees are released from subpoena by signatory of this agreement**

Security tapes are not part of the program, are not kept, and are not obtainable.

We reserve the right to discontinue services if you do not pay your charges at the time of each visit

**No show / no call by custodial party will be billed at full cost of missed visit**

**No show / no call by visiting party will be removed from the schedule – balance due will have to be paid in advance before visits are rescheduled**

Signatory agrees to pay all costs associated with collection of any debt including attorney fees, court costs, filing fees, or any other associated cost incurred.

If services are terminated for any reason, parties are not allowed on the premises or to contact us by any means other than by attorney or USPS mail.

All records / files are deleted 9 months after last visit. They can be obtained by request via e-mail by clients or listed attorneys. All request must be made by e-mails listed on intake paperwork. Any balance due must be paid before any records will be released.

Disclosures by children will be recorded on a special form and only given to appropriate entities to protect them from retribution / obtainable only by court order.

Your signature below indicates that you have read and understand the Fee Agreement and agree to abide by it.

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Parent / Guardian Signature

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Date