



## Family Visitation Program Fee Agreement

Your visit fee is determined using a sliding scale based on your income. The Family Visitation Program does not disclose billing arrangements with the other party in your case.

We have determined that your fee is \$\_\_\_\_\_ per exchange/visitation.

Payments for services are due **before** the start of your visits or exchanges. We accept cash, check and money order. Your services **may be suspended** if money is owed to FVP.

**You may incur fees in addition to the cost of visiting for the following reasons:**

### Cancellations/No Shows:

- You must provide **24 hours' notice** of cancellation or **you will be charged a \$15 fee**, payable at your next appointment.

### Court Reports/Subpoenas:

- If you or your attorney requests a court report or a report for a therapist, there is a *Document Release Fee* of \$30 for the first 5 visit notes, \$2 for each additional note
- If you or your attorney subpoenas a staff member of FVP, there is a minimum fee of **\$40/hour** for appearing *including wait time* payable within 24 hours of the court appearance. In addition, you agree to promptly pay FVP for all of its costs relating to or arising from a subpoena issued to FVP or its staff by or on behalf of that parent. These costs may include, but are not limited to: (1) The reasonable value of the time spent by FVP staff preparing for and/or attending court appearances or depositions pursuant to a subpoena, (2) any out of pocket expenses incurred by FVP in connection with a subpoena, and (3) any attorney's fees FVP incurs for securing legal advice or representation in connection with a subpoena, court appearance or deposition. You acknowledge and agree that the reasonable value of time spent by FVP staff will be solely determined by FVP based upon the qualifications and experience of the staff involved, subject to a minimum rate of \$40 per hour.

### Observation Notes:

- You may view observation notes from your visits once every 60 days free of charge. If you wish to view notes more frequently, a **\$20 fee** will be charged, payable at the appointment.

### Guest Fee:

- The fee for approved visit guests is **\$10**.

### Returned Checks:

- The fee for returned checks is **\$10**, payable within 7 days.

By my signature, I agree to all terms of this agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
FVP Staff Signature

\_\_\_\_\_  
Date