



Family Resource Center
Supervised Visitation Center



Client Financial Agreement

Verified Annual Household Income	Intake Orientation Per Parent	1 Hour of Monitored Visitation	2 Hours of Monitored Visitation
\$ 0 - 29,999	\$35	\$40	\$80
\$ 30,000 - 39,999	\$35	\$45	\$90
\$ 40,000 - 49,999	\$35	\$50	\$100
\$50,000 - 59,999	\$35	\$60	\$120
\$ 60,000 - Above	\$35	\$65	\$130

Flat Fee Services

Late Fee: \$15 (\$1 for every minute late)

Security Fee (if needed): \$70 (Hired Security Officer)

Court Appearance: \$200 Retainer/On Call Paid in advance \$200/Half-Day \$400/Full -Day

Cancellation Fee: \$50.00 Fee will be applied for all non-emergency cancellations if done within 24 hours. Cancelling parent will be responsible for fee. (Depending on circumstances, fee could be waived.)

Based on the verification of income provided today your hourly rate for supervised visitation is \$_____ per hour. Paid for by Visiting Custodial Split Half is \$_____ Today's orientation appointment is \$_____.

1. If I am the financially responsible party I promise to pay the hourly rate at the start of every visit online at frcgordon.org/supervised-visitacion-center. Check or money order is also excepted. No cash payment please.
2. If I am late I understand the above stated late fee will be charged and it will be due at my next visit regardless of circumstances and the financially responsible party listed on the court order.
3. I understand there's a cancellation fee that may be applied if the visit is cancelled within 24 hours. Whichever party cancels a visitation, will be charged for the scheduled visitation. This money will be due before the next visit.
4. I understand that there is no money returned if child refuses to visit.
5. I understand that fees are based on the responsible parties income. In the event that additional adult household members are authorized to visit, the fee will increase to household income.
6. There will be a \$25.00 intake charge for each additional adult allowed to visit.

Printed Name

Signature

Date

Witness Printed Name

Signature

Date