CLEAR PATH FAMILY SERVICES LLC

206-737-6233

CPFamilyServices@gmail.com

AGREEMENT TO SUPERVISED VISITATION SERVICES

FEES: Fees are customized to fit the nature of each visitation agreement. The visitation hour begins upon arrival at the visitation site or upon contact with a parent or child and ends when the parent picks up his/her child at the end of the visit. Arrangements for the length of the visitation must be settled at least 72 hours prior to the visitation. Clients who show up for a visit and request less time will still be required to pay the full fee regardless of time used. All fees are to be paid by the Responsible Party(ies) as Court Ordered and/ or arranged by both parties.

INTAKE FEE: $150. SUPERVISION: $65 per HOUR Basic Supervision, Reunification Supervision and Therapeutic Supervision: Fees to be determined, and Holiday fee for Basic Supervision is $85 per hour.

HOLIDAYS: Thanksgiving, Christmas Day and Christmas Eve, New Year's Eve and New Years Day,Presidents Day, Easter, Mother and Father's Day, Memorial Day, Juneteenth, Labor Day, and 4th of July.

REPORTS: $35.

TRANSPORTATION: (applies to supervisor's travel) $35

CANCELLATION FEES: Full amount of the visit if cancelled less than 48 hours before visit will be paid by the non-residential party. If the children will not go on the visit, the supervisor will be paid for the first two hours of the visits, travel time if it applies and the report.

If a party is more than 5 minutes late, a charge of $10 will be applied and every 5 minutes thereafter will be charged a rate of $10. Regardless of which party is late to the visit, the visit will end at the previously arranged time. There will not be a refund for missed time.

I understand that the information during supervised visitation, emails to/ from Clear Path Family Services and payment records may be released to the court and those authorized by the court to have this information.

However, at no time will any Clear Path supervisor provide a copy of file records, appear for trial and or/depositions, even under subpoena, until all fees are paid in full advance as indicated.

AFTER INTAKE: The supervisor will maintain a neutral role and will not discuss the case or make custody or parenting suggestions, recommendations or agree with or support one client or another. The supervisor will not discuss visitation fees or procedures. The supervisor will respond to all questions or concerns during the intake procedure, after the intake, the questions or concerns must be submitted to Clear Path Family Services through e-mail and will be addressed as deemed necessary.

ADMINISTRATION FEE (pertains to both noncustodial and custodial parents): $100 per hour. If other than customary confirmation of payment and visits.

COURT APPEARANCES: $100 per hour with a retainer of $300 for all court Appearance/Depositions per supervisor (includes in-office or courtroom standby).

COPIES OF FILE: The visitation supervisor's file along with anything pertaining to file also billed at $100 per hour.

COPIES: $20 per copy.

DECLARATIONS: $100 per hour

Parties shall arrive punctually at the arranged times for the start and end of the visit. Visiting parents shall arrive 10 minutes before the visitation is to begin. Custodial parent will arrive exactly on time, not early unless specified by the supervisor, If a visiting parent is more than twenty minutes late to the visit and did not contact the supervisor, the visit may be cancelled.

At the end of the visit there will be no more communication and the custodial parent is to leave immediately. Additional parties wishing to participate must obtain prior approval from the court, Guardian ad Litem or the Visitation Supervisor. The Visitation Supervisor will also monitor the amount of time that these parties are present during the visit along with how many people can be at visits.

If your child/ children are sick with fever or a persistent cough, please refrain from sending them on a visit.

_____

Parent signature and date

_____

Parent printed name

CONSENT AND AGREEMENT TO CONDITIONS

FOR SUPERVISED VISITATION SERVICES

I,_____, non-residential parent agree to abide by the following rules and conditions. I understand that the purpose of supervised visitation services is to ensure safe, comfortable, transfers and visits for the child(ren). I understand that the supervisor is primarily concerned with the best interests of the child (ren). I understand that it has been ordered that I am allowed visits with_____as follows_____
_____

I agreed to arrive at the designated time, meet with the supervisor, pay a fee of _____in cash/money order and/or PayPal prior to the visit with the child(ren) for the designated time. I agree to meet with the supervisor after the visit if requested to do so. t understand and agree that I am to remain with the supervisor for ten minutes after the child(ren) leave, and that I am not to have contact with the residential parent,

In the event that I am unable to attend a scheduled visitation, I will immediately contact this supervisor. I understand that I will be charged the full visitation fee (and I must pay the full fee amount before any further visitations will occur) if I fail to notify this supervisor of a cancellation of at least 48 hours prior to the scheduled visitation.

I understand that I may be held responsible for any damage to or loss of property caused by the child(ren) while they are in my care.

I understand that the supervisor may refuse to allow the visit if there is reason to believe that the child(ren) may be in danger or harm due to my alcohol/drug intoxication, aggressive or threatening behavior, excessive display of anger, or any other situation that presents a risk of harm to the child (ren). This supervisor will have SOLE discretion to make this determination. I further understand that this supervisor is mandated by state law to report any suspected incidents of child abuse or neglect to Children's Protective Services.

Therefore, I agree to refrain from any attempt to involve the supervisor in my personal conflicts, parenting disputes, custody disputes or litigation, and I will not use this supervisor as a witness except where absolutely necessary. I further agree that I shall be liable for any additional cost to prepare declarations. attend court appearances and depositions (including in office or courtroom standby).

Visitation Agreement and Rules

I understand that the supervisor is neutral and I will not arrange to have the residential parent served with legal papers before, during or after any visitations; the same rule applying to the residential parent. I will advise my attorney not to arrange service of any process during my Visit.

I UNDERSTAND THAT I MUST COMPLY WITH THE FOLLOWING RULES DURING MY VISITATIONS:

1 No discussion of legal matters or questioning the child(ren) about any legal matters including abuse, neglect, therapy; the residential parent's activities or treatment of the child(ren); or anything else that puts the child(ren) in the middle, or makes them uncomfortable.

2. Do not ask the child(ren) to make decisions or requests involving the residential schedule nor discuss the residential schedule with the child(ren) except plans that have already been agreed by both parents in advance.

3. Do not advise the child(cen) of the status of child support payments or other legal matters regarding the parent's relationship.

4. Do not use the child(ren), directly or indirectly , to gather information about the other parent or take verbal messages to the other parent.

5. Do not make negative or derogatory comments about the other parent or other family members or allow anyone else to do the same in the child(ren)s presence nor allow or encourage the child(ren) to make derogatory comments about the other parent. No complaining, blaming, criticizing or in any way making negative, judgmental comments or insinuation references or gestures concerning the other parent or other family members.

6. The visiting parent and the child(ren) will not be allowed to whisper since the supervisor will be unable to hear and document anything he/she cannot hear properly; notes cannot be passed between parents and child(ren) or written as "play" to be passed between them.

7. Blaming the other parent, judge, caseworker, counselor, etc. for the requirement of supervised visitation will not be allowed, DO not present as "poor me" or a victim. being falsely accused, treated unfairly or needing special treatment or caretaking from the child(ren).

8. Do not make promises to the child{ren) for which there is any possibility you may not be able to keep the promise, especially concerning intentions or desire to include the child(ren) in future plans or activities.

9. Pictures and Videotaping are allowed unless prohibited by the court order.

Visitation Agreement and Rules

10. Gifts for child(ren) are permitted (unless specifically prohibited by the court order or directive from the child's therapist). Gifts are to be shown to the Supervisor who withhold gift if it is dangerous for the child (ren)s age or developmental level.

11. The VS shall intervene immediately when the visiting parent displays: a. A conversation or behavior that is inappropriate, exploitative or intimidating. b. Behavior that is non-compliant with any of the above rules.

12. The VS shall terminate the visit when

a. The child(ren) display symptoms of extreme discomfort or out of control behavior.

b. The visiting parent continues non compliant behavior with any of the above rules.

13. VS will not serve as an intermediary to pass objects, possessions or messages between parents. Exceptions clothing or other objects belonging to the child(ren) and medications and directions for their use or other medical instructions necessary for the children's care.

14. Do not bring any other person, including relatives, to the visit without express prior approval of the VS, unless, court order provides specific permission. Disputes betweenParents concerning additional visitors will need to be resolved through attorneys or further court order. At any time, the VS will regulate how often the visitor is at visits and can limit the time a visitor at-bends the visit if the VS feels that they are visiting too often.

15. All personal items that arrive with the child(ren) must be returned with the child(ren) at the end of the visit except gifts intended for the visiting parent, or food intended to be consumed during the visit..

16. Since visits often take place during mealtimes, the visiting parent may order food or bring food/snacks unless the court prohibits such. Disputes in this area must be resolved between attorneys or by the courts.

17. The visiting parent is allowed to use their cell phone for business only and if they need to correspond with the custodial parent about transfers or the visits.

I understand and agree that a violation of any of these rules may result in termination of the visiting without questions and the court and/or attorneys will be notified accordingly. Off site or community or home visits are conducted only if the court allows them and your case is not considered high risk and there are no pending charges or no contact orders or your case has been transferred from a prior supervisor and a series of successful visits here or off-site in the community and no violations Of these visitation rules, You must have a clear plan and prior approval of any planned activities and a prior home visit and meeting with your VS and any family members or participants in the visits.

Since we want this to be a successful experience and your child to feel safe and comfortable with you, your cooperation with these rules and compliance will best lead to a successful visit with your child(ren),

I agree to notify the agency if there are any changes in the court order or agreements or information provided including changes of address and phone number. I agree to bring any concerns or problems to the supervisor's attention before or following any visitation.

I have provided truthful information and have not intentionally withheld any pertinent information. I understand the rules, conditions and am voluntarily signing this Consent and Agreement to Supervision.

_____ _____

Signature Date

_____ _____

Witness Signature/Title Date

Clear Path Family Services
Wayna Franklin

Ph: 206 737 6233

Intake Form- Non-Residential Parent

Name:

Address:

City:

Zip Code:

Telephone: Home:

Work:

cell:

Names of child(ren) and birthdate:

Your vehicle:
Make:
Model:
Licensed Plate Number:

Are you current with your auto insurance?

Please provide a copy of your insurance via email

What is the reason supervision/ exchange is required?

Preference times for supervision?

Distribution of reports:

Are you taking any prescribed mood-altering medications? If yes, what?

Are you monitored for drugs/alcohol?

Are you now enrolled in a domestic violence treatment program?

Have you ever been in a domestic violence treatment program?

Are you enrolled in any other services?

Do you own guns or have guns in your home?

If yes, do you have a concealed weapons permit?

Have you ever been arrested?

If so, dates and circumstances.

Were you convicted of any charges?

When was the last time you saw your child(ren)?

Anything else you think I should know?

Thank you for your time. Please provide as much detail as you can.