

Caring Hearts Agency LLC Professional Visitation Monitors
Tel: 818-486-4023 Tel: 805-390-9289 Fax: 818-718-7400

Client Financial Agreement

Date _____

Case # _____

I _____ agree to pay all/half of the expense for Professional Supervised Visitation Services as specified in the Court Order and outlined in the in the Supervised Visitation Providers rate/fee schedule.

\$ _____ Standard Rate Per Hour \$ _____ Holiday Rate Per Hour

Dates Supervised Visitations will Begin and End Start Date: _____ End Date: _____

Total Weekly Hours _____ Total Weekly Cost _____

Total Holiday Hours _____ Total Holiday Cost _____

Additional special fees _____

Fee is to be paid in advance in cash, cashier's check or money order, for monitoring services provided.

Parent signature _____

Monitor signature _____

This document was created with Win2PDF available at <http://www.win2pdf.com>.
The unregistered version of Win2PDF is for evaluation or non-commercial use only.
This page will not be added after purchasing Win2PDF.