CONTRACT FOR RESIDENTIAL PARENT/GUARDIAN

Please carefully read and initial each guideline next to the number on the line provided. Guardians of Hope maintains the right to make any necessary changes, revisions or modifications to these guidelines at any time. A revised copy of the guidelines for you to read and sign will be provided when changes have been made.

____ 1. I will prepare the child(ren) for the visit by discussing the visit in a positive manner and assuring the child(ren) that the supervisor is there for their benefit and protection. I acknowledge that if I do not prepare the child and assist them going on the visit, I am responsible for payment of the visit as a missed visit according to item number 20 of this document.

____ 2. I will assist the child(ren) in establishing a signal to alert the supervisor when the child(ren) may be feeling uneasy or pressured.

____ 3. I agree to bring the child(ren) to the exchange location at the designated time. Only in extreme cases, such as threats of violence, etc. with prior approval of the Executive Director and a Waiver of Liability signed by both parties, will the supervisor transport the child(ren) and, in most cases, transport will be less than three (3) miles. The payment of no less than twenty dollars ($20.00) for additional time in transport will be my responsibility or the person requesting this service.

____ 4. When the exchange is court ordered to be at my residence, I agree to have the child(ren) ready for the visit at least ten (10) minutes prior to the visitation start time. When the child(ren) are picked up at an exchange location determined by the representative of Guardians of Hope, I will bring the child(ren) to that location at the time designated by the Executive Director or supervisor assigned.

____ 5. I will not engage in any inappropriate, negative behavior or conversation during the exchange of the child (ren), and will leave the location immediately after the exchange occurs.

____ 6. I agree not to engage in conversations of an argumentative or accusatory nature with the supervisor or any representative of Guardians of Hope, instead I will contact the Executive Director with any concerns or problems.

This contract will not be accepted if you have redacted or altered any of the wording contained herein.
7. I understand that I am not to question the supervisor or the child (ren) regarding what happened during the visit, where they went or anything pertaining to the visit, but I will allow the child(ren) to discuss the visit in their own way and in their own time.

8. I agree not to ask the child (ren) or the supervisor to give anything to the visiting parent, i.e. bills, child support payments, letters, legal documents, etc. I agree not to ask the supervisor to ask the other party to give the supervisor any documents, items that belong to the child(ren), mail, etc.

9. The supervisor will not relay any messages from me, the residential parent/guardian, to the non-residential parent except for information that pertains to the child (ren) and this information is needed for the visit, i.e. medication the child(ren) needs to take, any special dietary instructions, etc.

10. I understand that all forms of communication including verbal and non-verbal during the exchange with the child (ren), a member of Guardians of Hope or any other person present will be documented.

11. I agree to treat all representatives of Guardians of Hope with respect. I understand that I am not to attempt to intimidate, threaten, use profanity, obscene language or gestures. I understand that this behavior will be reported to the attorneys of record and possibly the Judge.

12. I agree that I will not allow the child(ren) to bring audio/video recording devices, cell phones, electronic games, toy guns, or any item that could be used to inflict harm to anyone on the visit. On overnight visitations only, the child(ren) with approval of the Executive Director may allow the child(ren) to bring an electronic game to the visit. However, the supervisor cannot be held responsible for the return of any item the child(ren) brings to the visit and the supervisor has the right to confiscate an item at their discretion.

13. I agree that I will not call during a visit unless approval for such communication was written into the court documents or is by written agreement between the parties with the approval of their attorneys.

14. I understand and accept that I cannot ask the supervisor to put limitations on the visit that are not written into the court documents or by written agreement of all parties including the attorneys, i.e. where the visit may occur, visitation activities, who may be present on a visit, etc.

15. If I am required to pay the visitation or registration fee(s) in full or in part, I will make the payment in the form of a check or money order payable to Guardians of Hope and deliver it to the supervisor at the beginning of the visit.
16. If I arrive more than fifteen (15) minutes late, I will need to pay a late fee of fifteen dollars ($15.00) at that time and an additional fee of one dollar ($1.00) for every minute I am late over the initial fifteen (15) minutes. The supervisor will extend the visit for the same amount of time due to my late arrival. If I am going to be late, I agree to phone the assigned supervisor a minimum of ten (10) minutes prior to the time the visit is to start with an estimated time of my arrival. If I arrive more than twenty (20) minutes late, the supervisor may cancel the visit after waiting twenty (20) minutes beyond the time the visit was initially set to start and I agree to be responsible for payment of the entire visit.

17. I agree to contact the Executive Director to arrange a make-up visit in the event of a missed or cancelled visit that is due to illness of the child or resulting from my actions.

18. If I cancel a visit due to the child(ren) being ill, I will provide to Guardians of Hope a physician’s note indicating that the child(ren) was/were too ill to attend the visit. If I do not provide a physician’s note to Guardians of Hope, I understand and acknowledge that I agree to be responsible for payment of the entire visitation fee for the cancelled visit.

19. The visitation reports generated from the visits/exchanges remain the property of Guardians of Hope and copies are only available to the attorneys of record with fifteen (15) business days advance written notice, even with subpoena. The therapist, amicus and ad litem may obtain our reports with five (5) business days written notice. Our reports are not given to individuals named as participants in the court case.

20. I understand and acknowledge that I am responsible for paying the entire visitation fee in full for a visit that does not occur because the child(ren) refuse to go on the visit, i.e. not exiting the residential parent’s vehicle, not entering the non-residential parent’s vehicle, or not entering or exiting the exchange location etc.

21. I understand that physically producing and bringing the child(ren) for the visit does not relieve me of my obligation of payment for a cancelled or a missed visit as stated in Item 20 of this document.

22. If I need to cancel because of an emergency, I agree to contact Guardians of Hope or the supervisor directly as soon as I am aware of the need to cancel. (Reasons for cancellation: involvement in an automobile accident, need for emergency medical treatment, death in the family, etc.) If the visit is canceled for any of these reasons, Guardians of Hope must receive verifying documentation or I will be responsible for payment in full of the canceled visit.

23. If I need to cancel a visit, Guardians of Hope needs at least forty-eight (48) hours advance notice for our minimum two (2) hour visit. A visit over two (2) hours including over-night and weekend visits require five (5) days notice. If this advance notice is not given, I acknowledge and understand that I will be responsible for payment of the entire fee for the missed visit and payment is required prior to the next scheduled visit or within two weeks whichever comes first.

This contract will not be accepted if you have redacted or altered any of the wording contained herein.

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By signing this document, I understand that I am entering into a legally binding contract with Guardians of Hope and that Guardians of Hope can seek any restitution afforded to them by the law if I refuse to adhere to fees listed in Items No. 3, 15, 16, 18, 20, 21 and 23. I agree that I will fully cooperate with the representatives of Guardians of Hope and treat them with respect. I acknowledge that I have received, read and understand all of the guidelines and rules presented to me. I agree to, will be legally bound by, and will adhere to these rules and guidelines as stated in this document. I understand at the Executive Director’s discretion this document may be changed or modified to fit individual cases. However, when changes are made all parties to the suit will be notified of the changes or modifications.

_________________________________________  ____________________________
Signature of Residential Parent/Guardian                  Date

______________________________________________
Printed Name of Residential Parent/Guardian

2211 Rayford Rd., Ste. 111#22, Spring, TX 77386
Office: 713.542.1110 - Fax: 281.350.9373
Email: guardiansofhope_tx@sbcglobal.net
Website: www.guardiansofhopetx.com