



# GUARDIANS OF HOPE APPLICATION FOR SERVICES

## Non-Residential Parent

To type, click the grey box and enter the information then tab over to the next box. Otherwise, print the document and write your information and sign the form.

Offsite:  OR Onsite:  Group Visitation  Private Visitation

Name:		DOB:	
Cell Phone:		Home Phone:	
Address:	City:	TX	Zip Code:
Email:		Fax Number:	
SSN:	DL#:		
Vehicle Make and Model:		Color:	License Plate:
Employer:		Work Phone:	
Annual Gross Income			
Emergency Contact:		Phone:	
Attorney's Name:		Office Phone:	
Attorney's Address:		City:	TX Zip:
Attorney's Email:		Fax:	
Residential Parent's Name:			
Cell Phone:		Home Phone:	
Residential Parent's Email:			
Child(ren)'s Name(s)	M/F	Age	DOB
	<input type="checkbox"/> M <input type="checkbox"/> F		
	<input type="checkbox"/> M <input type="checkbox"/> F		
	<input type="checkbox"/> M <input type="checkbox"/> F		
	<input type="checkbox"/> M <input type="checkbox"/> F		
Child(ren)'s Medical Needs:			

<b>Allergies to Food, etc.:</b>		
<b>Amicus/Ad Litem Name:</b>		
<b>Office Phone:</b>	<b>Cell Phone:</b>	<b>Fax No.:</b>
<b>Email:</b>		
<b>Child's Therapist's Name:</b>		<b>Fax No.:</b>
<b>Therapist's Phone:</b>	<b>Email:</b>	
<b>Forensic Psychiatrist's Name:</b>		
<b>Forensic Psychiatrist's Phone No.:</b>	<b>Email:</b>	
<b>Reason(s) for supervised visitation or other pertinent information pertaining to visitation:</b>		
<b>Person Responsible for Payment:</b>		
<b>Supervision Referral Source:</b> <input type="checkbox"/> Court <input type="checkbox"/> CPS <input type="checkbox"/> Other:		

**By signing below, I am agreeing to use Guardians of Hope's services for visitation with my child(ren). I understand that I must complete and sign the Visiting Parent Guidelines and the Fee Schedule in addition to this Application for Services prior to any visitation occurring.**

\_\_\_\_\_  
Signature of Non-Residential  
Parent/Guardian

\_\_\_\_\_  
Date

**Guardians of Hope, 2211 Rayford Rd., Ste. 111 #22, Spring, TX 77386, Office:713.542.1110/Fax:281.350.9373**

# Guardians of Hope



"Helping children maintain hope for their family."

## OFFSITE VISITATION CONTRACT FOR NON-RESIDENTIAL PARENT

Please read this **contract** carefully, initial and sign your name in the places provided and when completed, return this document to our office. Guardians of Hope (GOH) has the right to make any necessary changes, revision or modifications to this contract at any time. The process of initialing and signing this document does not automatically guarantee me that Guardians of Hope will accept me as a client and allow me to use their services.

\_\_\_\_\_ 1. I understand that I must allow **child(ren) to initiate physical contact** with me. I acknowledge that I may ask for a hug but not insist on one. I understand that I am allowed to participate in mutually agreed affection between my child(ren) and myself, but, I will stop such displays of affection if directed to do so by the supervisor.

\_\_\_\_\_ 2. I will maintain close proximity to the supervisor at all times during the visit unless the children are in another location. If this occurs, the supervisor will stay with me during that time. It will be my responsibility to watch my child(ren) and keep them with me while we are in public venues.

\_\_\_\_\_ 3. I understand that a **"key phrase or signal"** is to be established between myself and supervisor to alert me of inappropriate verbal communications or behavior. This is done to enable me, as the parent, to have a warning that will not embarrass me in the presence of my child(ren).

\_\_\_\_\_ 4. When in close proximity to the child(ren) I agree to keep my hands visible to the supervisor. I understand this precaution could possibly help prevent possible allegations of inappropriate conduct on my part.

\_\_\_\_\_ 5. **I will not ask the supervisor to follow me in another vehicle, retrieve anything from another area, photograph or videotape the visit.**

\_\_\_\_\_ 6. I will **not whisper, pass notes, or have private conversations** with the **child(ren)** and will re-direct the child(ren) in a positive manner if they try to engage in these activities with me. However, my child(ren) may do so with the supervisor.

\_\_\_\_\_ 7. **I agree not to discuss anything regarding the court, future plans beyond visitation or make negative remarks about the other parent or their family members in the child(ren)'s presence.**

\_\_\_\_\_ 8. I agree that I will not make any **promises of gifts, privileges or rewards** to the child(ren) in exchange for receiving phone calls, information, physical contact, or anything beyond the visits.

\_\_\_\_\_ 9. I agree that I **will not** make any request of the child(ren) to bring **copies of their school work, report cards, etc.** as this is to be handled through either the other parent or the attorneys.

\_\_\_\_\_ 10. I agree the purchase of clothes, souvenirs, or some small items costing **one hundred dollars (\$100) or less may be purchased** during a standard visit. I understand; however, this purchase **limit does not apply to gifts** given to the child(ren) for **birthdays** and on the **holiday** of my choice in the month of December. Gifts are to be in gift bags only so they may be inspected by the supervisor prior to presenting them to the child(ren). I understand and agree that all gifts are to go home with the child(ren) unless the child(ren) decline to take the items home. The items purchased during visitations specifically for use during my period of possession and access are to stay with me, the Non-Residential Parent.

\_\_\_\_\_ 11. I understand that I **may bring a craft** to the visit for the child(ren) to work on but it must go home with the child(ren) unless the child(ren) decides to leave it with me for future use or work or if prior approval has been given by the supervisor for it to remain with me. Age appropriate board games and story books may be brought to the visit. I acknowledge that I must allow the supervisor to review any books brought to the visit prior to reading or presenting them to my child(ren). I agree not to bring anatomically correct dolls or toy weapons are not to be brought on the visit.

\_\_\_\_\_ 12. I understand and acknowledge that the supervisor **has the right to open**, inspect and examine anything brought to the visit by me or the child(ren).

\_\_\_\_\_ 13. I understand that discipline of the child(ren), if necessary, will consist of time out during the visit. I will not use threats, corporal punishment, yelling or intimidation of the child(ren).

\_\_\_\_\_ 14. If I appear to be under the **influence of a controlled substance or alcohol** I understand that the visit will be terminated immediately. GOH acknowledges that I have the right to contact the local Police Department for a sobriety test before a final determination is made.

\_\_\_\_\_ 15. I will not bring photographs to the visit with the exception of those pictures that have been taken during a previous GOH visit.

\_\_\_\_\_ 16. I agree not to bring **audio and/or /video recording devices, weapons, alcohol, drugs, hazardous and or illegal materials in any form** to the visit or my visit will be terminated immediately and will result in suspension of future visits using their services.

\_\_\_\_\_ 17. I agree and **will not** bring any form **of audio and/or video recording device** to the visit. I understand this will be strictly enforced, resulting in immediate cancellation of the visit, forfeiture of any reimbursement of fees for the visit and possible termination of all future visitations provided by GOH.

\_\_\_\_\_ 18. I agree to treat **my child(ren), the supervisor and all staff members of GOH** with respect and courtesy at all times. I understand that if I become argumentative or verbally aggressive during a phone conversation or during a visit with the supervisor, he/she has the right to terminate the visit immediately and may cancel the next scheduled visit. This supervisor will immediately notify the Executive Director of that decision. If the visit is canceled for this reason I understand that there will not be a make-up visit.

\_\_\_\_\_ 19. I understand that the disclosure of any form of abuse by the child(ren) or any physical signs of abuse will be reported to Family Protective Services according to the Laws of Texas.

\_\_\_\_\_ 20. I agree to **inform** GOH about any **Protective Orders** and agree to abide by those orders. Violation of the order during an exchange or visit will result in the Police being contacted.

\_\_\_\_\_ 21. I agree **not to give or ask** the child(ren) or the supervisor to **exchange any information, child support payments, letters, mail or gifts to either parent/guardian.**

\_\_\_\_\_ 22. I understand the documentation of the visit or exchange will include the interactions of myself and all people present prior to, during and after the visit or exchange of the child(ren). **All forms of communication** during the visit including verbal and non-verbal with the child(ren), the supervisor, a staff member of GOH and any other person present will be documented.

\_\_\_\_\_ 23. I understand the documentation of the visit will be kept in confidential files at GOH and will be made available with **fifteen (15) business days advance written request or subpoena**. Without fifteen (15) days' notice, please refer to the fee schedule for the necessary charges. Amicus attorneys, **Ad litem** and **therapists** may obtain our visitation notes with **five business days' advance notice**. The parties to the case are not privy to our documentation as this can create problems during the supervision or exchange. All reports remain the property of GOH.

\_\_\_\_\_ 24. I acknowledge that a **change in the location of the exchange** must be approved by the supervisor twenty-four (24) hours prior to the visit or exchange, and if this does not occur, the normal place of the exchange will be in effect.

\_\_\_\_\_ 25. I understand that **requests for guests to attend a visit** must be submitted **in writing** and require prior approval by the Executive Director. If approval is given an additional hourly charge is required. (Please refer to our fee schedule.)

\_\_\_\_\_ 26. I understand the attendance of any guest is a **privilege** and all **guests must adhere to the terms outlined in this contract**. I agree and acknowledge it is my responsibility to instruct my guests with regard to the terms of this contract.

\_\_\_\_\_ 27. I understand there is a limit of two (2) adult guests allowed with one supervisor at the additional five dollars (\$5.00) per hour fee for each guest with the exception of holidays in which the guest fee is ten dollars (\$10.00) per hour. I understand that if there are to be three to five adult guests, an additional supervisor is required and I agree to pay an additional hourly fee of twenty-five dollars (\$25.00) per hour. Six or more guests will be on a case by case basis regarding the number of additional supervisors needed for the visit. A determining factor that may require an additional supervisor to be present during the visit would be the number of children I have attending the supervised visitation and does not pertain to the number of children approved as guests. If I have two (2) or more children, an additional supervisor may be required when guests are present.

\_\_\_\_\_ 28. I will not ask the supervisor to allow any individuals to be present during any portion of the visit if they have not been approved to be a guest by the Executive Director. It is my responsibility to avoid having unapproved guests as the supervisor will be required to terminate the visitation immediately if this should happen.

\_\_\_\_\_ 29. I understand that I should arrive at the designated time and location for the visitation. It is my responsibility to contact the supervisor if I anticipate a delay and will give the supervisor an estimated time of arrival. If I arrive up to fifteen (15) minutes late, an additional fee of twenty dollars (\$20.00) will be due when I arrive for the visit. Each additional minute beyond the initial fifteen (15) minute late arrival is one dollar (\$1.00) per minute and is due and payable immediately. The supervisor will wait for **twenty (20) minutes** for either parent to arrive and if the supervisor is not contacted by the late party, they will confer with the office prior to making the determination of terminating the visit. If the parent does not arrive within the allotted time, the visit will be cancelled and the parent that was late will be responsible for the entire fee for the visit.

\_\_\_\_\_ 30. I understand if I am late for the visit, the normal fee is to be paid and the time for the return of the child(ren) will remain the same and no additional time will be given. If the residential parent is late, the allotted amount of time for the visit will remain in effect and the visit will be extended if this does not cause a scheduling conflict for the supervisor. If the supervisor is late, he/she will contact both parties. I will remain at the exchange location and refrain from contact with the other party. The visitation time may be extended the amount of time the supervisor was late if possible. If the supervisor cannot extend the visitation time due to the scheduling of his/her next visit, the supervisor may make up the time on the next scheduled visit.

\_\_\_\_\_ 31. I understand cancellation of **two (2) hour visits** by either party will **require seventy-two (72) hours prior notice**. Cancellation of visits **over two (2) hours**, require **five (5) days advance notice**. If this does not occur, the person **cancelling** the visit will be **responsible for full payment** of the fee prior to the scheduling of any further visitations. In the **case where I cancel a visit due to illness, two (2) days advance notice** accompanying a doctor's note is required or I will be responsible for payment of the full fee for the cancelled visit. Future scheduling of visitations may be suspended until these fees are paid. Payments may be made including the required processing fee listed on the website using the "Pay Now" option on the GOH website ([guardiansofhopetx.com](http://guardiansofhopetx.com)).

\_\_\_\_\_ 32. I understand and agree to pay for **all** meals, snacks, drinks, parking fees, admissions or activity fees during the visit for the supervisor. I acknowledge that the supervisor is not to be asked and will not pay for anything during the visit.

\_\_\_\_\_ 33. If the supervisor needs to cancel a visit, I will be notified and a make-up visit will be made available at the availability of GOH and on a date and time agreeable to all parties.

\_\_\_\_\_ 34. I understand and acknowledge that the supervisor has the **right to terminate a visit for any reason**. I agree I will cooperate with the supervisor and adhere to any requests made of me when a visit is being terminated.

\_\_\_\_\_ 35. I agree not to **threaten, intimidate or act in an aggressive manner** on the phone with the supervisor or any GOH staff, or in the presence of the child(ren), toward the supervisor or any other participants in the visitation. I will not use any **obscenities, vulgar gestures, inappropriate forms of language or communications**. If I behave in any of the described manners, I acknowledge and understand that the supervisor has the right to terminate the visit immediately with possible loss of future visits or termination of our services.

\_\_\_\_\_ 36. I agree and will not use **threats of any kind including kidnapping, abduction, “child-snatching” or injury to the child(ren) or any party** involved in the case.

\_\_\_\_\_ 37. I **will not to ask the supervisor for any preferential treatment nor request any exceptions to these rules or our fees**.

\_\_\_\_\_ 38. Any and all requests requiring a **change in the supervision schedule** are to be directed to the Executive Director and she will make a determination. In some instances, the Executive Director may be required to seek the advice of the attorneys or the residential parent/guardian.

\_\_\_\_\_ 39. I will make **payment** for all incurred fees by **cash, money order, or cashier’s check** made payable to GOH and deliver it to the supervisor **at the beginning** of the visit. Payments may also be made using the “Pay Now” option on the GOH website and will pay the required processing fees listed on the website. I understand, in the case where both parties are responsible to split the fee(s) the same rule applies. I will receive a receipt for cash payments from the supervisor via receipt book or email.

\_\_\_\_\_ 40. I understand that if I feel I have been treated in an unfair manner, unable to work with the supervisor assigned to my case, or have a grievance of any kind, I must contact the Executive Director. The initial contact may be through verbal communication with the Executive Director, however, if a resolution is not reached I understand I have the right to submit it in writing to the Executive Board and they will make the final decision with regard to my concern or grievance.

\_\_\_\_\_ 41. I understand that my ability to participate in this program is subject to termination for inappropriate behavior, controlled substance use, violations to this contract, unpaid fees, or more than two cancelled visits.

\_\_\_\_\_ 42. I understand that GOH has the right to run a background check on me and if I have not disclosed any recent criminal history or activity resulting in arrests during my application process or to the Executive Director, GOH has the right to terminate my visitation. I also understand that I must provide GOH with protective orders, parole or probation documentation.

\_\_\_\_\_ 43. I understand that if Guardians of Hope’s Executive Director deems me to be aggressive, verbally combative or uncooperative, they have the right to provide services for me only through the use of Armed Security. (Please refer to the Fee Schedule for the cost of such personnel.) If I refuse Armed Security visitation, GOH has the right to terminate my use of their visitation services.

By signing this document, I understand that I am entering into a legally binding contract with Guardians of Hope and that Guardians of Hope may seek any restitution afforded to them by the law if I refuse to adhere to fees listed the contract and fee schedule. I agree to 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 terms within this contract. I agree to, will be legally bound by, and will adhere to this contract. I understand, at the Executive Director's discretion, this contract may be changed or modified to fit individual cases. However, when changes are made, all parties to the suit will be notified of those changes or modifications.

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Signature of Non-Residential Parent/Guardians

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Date

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Printed Name of Non-Residential Parent/Guardian

---

Date



Guardians of Hope, 2211 Rayford Rd., Ste. 111 #22, Spring, TX 77386

Phone: (713)542-1110 – Fax: (281)350-9373

Email: [guardiansofhope\\_tx@sbcglobal.net](mailto:guardiansofhope_tx@sbcglobal.net)

Website: [www.guardiansofhopetx.com](http://www.guardiansofhopetx.com)

Revised December 2, 2016

# Guardians of Hope



"Helping children maintain hope for their family."

## **OFFSITE VISITATION FEE SCHEDULE**

Fees are to be paid via PayPal on our website or with cash or money order **prior to services rendered** and **prior to the beginning** of each visit.

### **REGISTRATION**

Intake Application Fee Per Party	75.00
Pre-Visit Interview with Children (If Requested, Max 1 hour)	75.00

### **OFFSITE VISITATION FEES**

Hourly Visitation Fee (2-hour minimum) *	35.00
Travel/Report Fee (Per Visit) *	40.00
Hourly Fee for Holidays (List of Holidays attached)	70.00

### **GUEST FEES**

Additional Hourly Fee per Guest	5.00
Additional Hourly Fee per Guest on a holiday	10.00
Additional Supervisor Hourly Fee (3 to 5 Guests)	25.00

### **LATE FEES – CANCELLATION FEES AND NO SHOW FEES**

#### **OFFSITE VISITATIONS**

Late Arrival up to 15 Minutes (add \$1 per minute after 15 minutes late)	20.00
Non-Residential Parent (NRP) Cancellation with less than the required notice	Hourly Fee
Residential Parent (RP) Cancellation without proof of excuse	Hourly Fee
No Call/No Show Fee (Offending Party)	Hourly Fee + Travel and/or Report Fee

### **COURT FEES & REPORT FEES**

Court Appearance / Subpoena / Deposition Fee (Minimum Charge) **	250.00
Court Appearance / Subpoena / Deposition Fee (Attendance of over 3 Hours) **	400.00
Reports Without 15 Days Advance Notice ( <b>Per Visit</b> paid 5 days prior to court)	20.00

### **SPECIAL SERVICES**

Supervised Exchange Fee (per exchange)	60.00
Hourly Fee for Meetings or Consultations*	35.00
Monitored Phone Calls (30 minutes or less) ***	20.00
Home Safety Inspections (Adoption & Custody)	Varies per Case

### **ADDITIONAL SUPERVISOR**

The **need for additional supervisors** is at the discretion of the Executive Director and **on visits** where there are **3 or more guests present**. In some cases, two or more supervisors will be required on visits because of the **number of children** in the family, or **the behavior of the visiting parent or children during the visit**.



**PLEASE NOTE**

The fees listed above are subject to change or modification with respect to the severity of the case, safety concerns, excessive travel, etc. The minimum court fee of two hundred and fifty dollars (\$250) is to be paid to Guardians of Hope either prior to the court appearance or given to the supervisor upon arrival to court.

\*Hourly fees charged to the Client with a minimum of forty-five (45) minutes charged as a full hour. The Travel/Report Fee is per visit.

\*\*Fee charged per day to the Client whose attorney makes the request for the court appearance or issues subpoena. In the case where both attorneys request a Guardians of Hope supervisor's appearance the fee will be split between the two clients.

\*\*\*Fee must be paid by the client making the call prior to the phone call being made.

**Holidays Observed**

New Year's Day	Mother's Day	Yom Kippur
Valentine's Day	Memorial Day	Thanksgiving (Max 4 hours)
Good Friday	Father's Day	Hanukkah
Palm Sunday	Fourth of July	Christmas Eve
Passover	Labor Day	Christmas Day (Max 4 hours)
Easter	Rosh Hashanah	New Year's Eve

In signing this document, I acknowledge that I have read, understand and agree to pay the fees listed herein in accordance with the schedule and requirements as stated.

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Supervisor or Executive Director

\_\_\_\_\_  
Date

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