



GUARDIANS OF HOPE APPLICATION FOR SERVICES

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:	
Emergency Contact:		Phone:	
Attorney's Name:		Office Phone:	
Attorney's Address:		City:	TX Zip:
Attorney's Email:		Fax:	
Non-Residential Parent's Name:			
Cell Phone:		Home Phone:	
Non-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:			
Allergies to Food, etc.:			

Amicus/Ad Litem Name:		
Office Phone:	Cell Phone:	Fax No.:
Email:		
Child's Therapist's Name:		Fax No.:
Therapist's Phone:	Email:	
Forensic Psychiatrist's Name:		
Forensic Psychiatrist's Phone No.:	Email:	
Reason(s) for supervised visitation or other pertinent information pertaining to visitation:		
Person Responsible for Payment:		
Proposed Visitation Schedule:		

By signing this Application for Services I agree to use Guardians of Hope for exchange or visitation services.

_____	_____
Signature of Residential Parent/Guardian	Date
_____	_____
Printed Name of Residential Parent/Guardian	

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 RESIDENTIAL PARENT/GUARDIAN

Please carefully **read** and **initial each item** next to the number on the line provided. Guardians of Hope maintains the right to make any necessary changes, revisions or modifications to this contract at any time. A revised copy of this contract 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 per item number 20 of this document.

_____ 2. I understand that I should arrive at the designated time and location for the visitation **on time**. I agree not to arrive early unless directed to do so by the GOH office or supervisor. 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 extend the visit for the same amount of time due to my late arrival. The supervisor will wait **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.

_____ 3. I understand that if I am 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. I also understand that if the Non-Residential Parent is late for the visit, the time for the return of the child(ren) will remain the same and no additional time will be given. 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.

_____ 4. 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.

_____ 5. I understand that 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 of the child(ren), two (2) days advance notice** accompanying a doctor's note indicating that the child(ren) was/were too ill to attend the visit 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).

_____ 6. 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.

_____ 7. 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.

_____ 8. 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.**

_____ 9. 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.

_____ 10. **I will not** engage in any inappropriate, negative behavior or conversation during the exchange of the child(ren).

_____ 11. **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.

_____ 12. 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.**

_____ 13. 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.

_____ 14. 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.**

_____ 15. 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.

_____ 16. 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.

_____ 17. **I agree that I will not** allow the child(ren) to bring audio/video recording devices, cell phones, electronic games, tablets, iPads, mp3 players, toy guns, or any item that could be used to inflict harm to anyone or interfere with 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.

_____ 18. **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.

_____ 19. **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.

_____ 20. If I am required to pay the visitation or registration fee(s) in full or in part, 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.

_____ 21. 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 request** or subpoena. The therapist, amicus and ad litem may obtain our reports with **five (5) business days** written request. Our reports **are not** given to individuals named as participants in the court case.

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.

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

Guardians of Hope



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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 (Per Visit 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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