

# Guardians of Hope



"Helping children maintain hope for their family."

## FEE SCHEDULE

Hourly Visitation Fee (2 hour minimum)*	35.00
Additional Hourly Fee per Guest (1 to 3 Guests)*	5.00
Additional Hourly Fee (4 to 5 Guests)*	25.00
Additional Supervisor on a Visit (See below)	25.00
Therapeutic Visitation per Hour	80.00
Overnight Supervision (11 PM until 7 AM)*****	200.00
Hourly Fee for Holidays (List of Holidays attached)*	70.00
Report/Travel Fee (Per Visit)*	40.00
Application Fee	75.00
Reports Without 5 Days Advance Notice (Per Visit)	20.00
Phone Calls (longer than 15 minutes less than 45) **	15.00
Court Appearance (Minimum Charge) ***	150.00
Court Appearance (over 3 Hours) ***	300.00
E-mail Fee (After 10 E-mails in a Week)**	15.00
Hourly Fee for Meetings or Consultations*	35.00
Supervised Exchange Fee (per exchange)	55.00
Monitored Phone Calls (30 minutes or less)*****	20.00
Home Studies (Adoption & Custody)	Varies per Case
Sex Offender Treatment Program	Call for Prices

The fees listed above are subject to change or modification with respect to the severity of the case, transportation requirements, excessive travel, etc. The individual responsible for cancellation of a visit with less than forty-eight (48) hours notice for a four (4) hour or less visit, and five (5) days notice for more than four (4) hours, overnight or weekend visits must pay the normal visitation fees for that visit. The client who arrives more than fifteen minutes late will be required to pay the supervisor for the additional time in accordance with our hourly fees. There will be a fee of twenty-five dollars (\$25.00) charged for each returned check and if this occurs

more than once, we will require payment be made by money order or cashier's check. The minimum court fee of one hundred and fifty dollars (\$150) is to be paid to the supervisor either prior to the court appearance or upon arrival of the supervisor at court.

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.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

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

\_\_\_\_\_  
Date

### **Additional Supervisor**

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

\*Fees paid by check payable to Guardians of Hope at arrival of the supervisor.

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

\*\*Fee charged to the person making the call or e-mail.

\*\*\*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 prior to the phone call being made.

\*\*\*\*\*Fee can be modified at the discretion of the Executive Director for severity of case, difficulty with visiting parent or emergency reasons.

### **Holidays Observed**

New Year's Day  
Valentine's Day  
Good Friday  
Palm Sunday  
Passover  
Easter

Mother's Day  
Memorial Day  
Father's Day  
Independence Day  
Labor Day  
Rosh Hashanah

Yom Kippur  
Thanksgiving Day  
Hanukkah  
Christmas Eve  
Christmas Day  
New Year's Eve

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