

Heidi M. Taylor, Ph.D.

SUPERVISED VISITATION INTAKE

1. Parent's full name _____
Case No. _____

Please initial as to the following:

2. I agree to employ Heidi M. Taylor, PhD., as the supervised visitation monitor in my case: _____
3. I agree to the hourly rate of \$100 _____
4. The custodial parent will assist with transporting the child or children to and from the visits. If anyone other than the custodial parent provides transport, written permission will be provided to the monitor. The monitor has permission to transport the minor during the visit in the case of an emergency. _____
5. Days and times of visits are kept as agreed upon with the understanding that there are exceptions for illness, vacations, etc., of any of the individuals involved. _____
6. Only the person designated in the Court Order has permission to be at the supervised visit unless the Court Order allows a third party, or the custodial parent expressly agrees to it in writing. _____
7. Payments are cash only _____
8. The charge for a Court Report is \$250. Copies of the monitor's progress notes are charged at the rate of \$5/page and will be provided upon request. The requesting party is responsible for all fees due in advance. The rate for monitor's subpoenaed court appearance as an expert witness is \$300/hour plus all related costs of parking, travel time, and gas and mileage. _____
9. Visits must be cancelled or rescheduled at least 24 hours in advance whenever possible unless due to unforeseen circumstances such as illness or emergency. _____

10. Communications between parties and providers of supervised visitation are not protected by any privilege of confidentiality as exists in the patient-psychotherapist relationship. Reports about visits are provided upon request to either party, the Court, mediators, custody evaluators, attorneys for either party or the child.
11. Supervised visitation providers are mandated reporters of suspected child abuse and/or neglect.
12. Reasons for termination include failing to adhere to the guidelines for supervised visitation by either party, non-payment of fees, and failure to attend visits.
13. Visits are to be paid up front at the start. _____
14. There is a travel fee each way. _____

Dated: _____

(Party/Parent)