

Counseling Services of Arizona - Supervised Visitation
Intake for Parents/Caregivers

WELCOME TO COUNSELING SERVICES OF ARIZONA!

The purpose of this service is to provide a place for children to be and feel safe with their parents/ caregivers. Counseling Services of Arizona provides a neutral setting that seeks to treat all parties with equal respect for the best interests of children.

In this intake packet, you have the opportunity to share your story and any concerns so that I may provide the most appropriate service. Please take the time to complete the attached paperwork to the best of your ability. The information helps me to better understand your situation so that I may assist you and your child(ren) in feeling safe and comfortable. Please know that personal, identifying information is kept in the strictest confidence. Your cooperation is greatly appreciated.

My primary concern is your children. I believe children have a right to a safe and healthy relationship with their parents. To provide such an environment, guidelines for participation need to exist. Please review the guidelines carefully because I want your experience here to be the best possible one for you and your child(ren).

After completion of this paperwork, I will answer any questions and orient you to your rights and responsibilities.

THANK YOU FOR YOUR COOPERATION.

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**Counseling Services of Arizona - Supervised Visitation
Client Intake**

Child Name: _____

Date: _____

- Service to be provided:
 - _____ Supervised Visitation
 - _____ Monitored Exchanges

 - ****FOR CASES WITH NECESSARY CAREGIVER SEPARATION** meeting at my office, such as Orders of Protection, You may designate to use one of two entrances: (each entrance has a lobby)
 - _____ **Right Side Front Door (Ste #107)**
 - _____ **Left Side Front Door (Ste #108)**
 - _____ **Not Applicable**
 - You are required to remain in the front waiting room and cannot go to any other area of the facility unless escorted by me (with the exception of the bathroom)

 - You have been informed of the following safety and security measures:
 - The primary residential parent/caregiver should remain available by phone/text/email should the visit need to be ended for any reason
 - Police will be contacted for the following: a domestic dispute, threats of or actual harm to client/participants/staff or attempted/actual child abduction

 - Counseling Services of Arizona determines the visitation appointment times based on agreement of the caregiver's availability and my availability

 - Prior to the first visit, if appropriate and time permits, custodial caregivers shall schedule an Intake orientation for your child(ren)

 - General fees: (payable at visit - payment forms include cash, check or debit/credit card)
 - Intake (non-refundable) if conducted: \$100
 - Additional participants: \$15 (for 2 or more participants in supervised visitation)
 - Case Report: \$50 - 3 pages or less
 - \$75 - 4-5 pages
 - \$100 - 6 pages or more

 - ** (Regular documentation of each visitation/monitored exchange is included in the fee)
 - Court fees: \$50 minimum retainer fee; \$70 per hour for court appearances
 - Requested Add'l Documentation (i.e. letters, copies, etc.): \$25 if provided within 24 hours

 - Service Fees:
 - Full fee per visit hour: \$65
 - Full fee per Monitored Exchange: \$35
- Your cost is: \$ _____

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Client Intake**

Termination of Services

Counseling Services of Arizona may decide to terminate services for a family due to the following reasons:

- A.** Safety or other issues involved in the case that cannot effectively be addressed by CSA and the parties involved
- B.** The case is placing undue demand on CSA's resources
- C.** One or both parties have failed to comply with the visitation guidelines
- D.** Refusal to pay for services
- E.** One or both parties informs CSA that services are no longer needed
- F.** High number of cancellations/no-shows/late arrivals

* A case will be considered inactive after prolonged inactivity (more than 2 months)

Caregiver Signature

Date

CSA Staff Signature

Date

Counseling Services of Arizona
Intake Application

Please complete to the best of your ability

Date of Application: _____

Personal and Family Information:

____ Father

____ Mother

____ Guardian (specify relationship to child(ren)) _____

Caregiver Name: _____ DOB: _____

Education/Highest Grade Completed: _____ Religious Preference: _____

Racial/Ethnic Origin: _____

Name of the other party involved (guardian or visiting parent): _____

Please indicate status of your relationship with your child(ren)'s guardian or visiting parent:

____ Relative, Specify Relationship _____ No Relation

____ Divorced ____ Separated ____ Never Married ____ Married

Date of Marriage: _____ Date of Separation: _____

Date filed for divorce: _____ Date Divorced: _____

Do you have contact with this parent? ____ Yes ____ No ____ Not Applicable

Step-Parent or (significant other) living in the home? ____ Yes ____ No ____ Not Applicable

If Yes, Name: _____ DOB: _____

Step- and/or Half-Siblings (and others living in home) ____ Yes ____ No ____ Not Applicable

If Yes:

Name(s): Gender: DOB: Age:

Court Information (If Applicable):

Judge: _____

Your Attorney: _____ Phone #: _____

Attorney's Address: _____

Child(ren) (who are mentioned in the order for visitation):

Name(s): _____ Gender: _____ DOB: _____ Age: _____

Legal Information:

1. Estimate how many times you have been to Court concerning visitation disagreements?

2. Is there a restraining order preventing you and the other party from having contact with each other? _____ Yes (submit a copy) _____ No

3. If Yes, How many times have the police been contacted to enforce the restraining order?

4. Have you and/or the other party ever been convicted of a felony?

You: _____ Yes _____ No

Other Party: _____ Yes _____ No _____ Don't Know

If Yes, please describe: _____

5. Is there any history of abuse by the other party toward you?

Type of abuse:

Physical (slapping, kicking, burning, destroying/throwing objects) _____ Yes _____ No

Sexual (raping, forcing/threatening sex, in presence of others) _____ Yes _____ No

Emotional (humiliating, name-calling, isolating, threat to hurt/kill) _____ Yes _____ NO

If yes, estimate how often these incidents have occurred? _____

If yes, did any incidents occur in the presence of others? _____

Please describe the most recent incident: _____

6. Have there ever been charges filed against you or the other party for physical abuse?

You: _____ Yes _____ No
Other Party: _____ Yes _____ No _____ Don't Know

7. Do you or the other party own any weapons?

You: _____ Yes _____ No
Other Party: _____ Yes _____ No _____ Don't Know

If Yes, Please describe type: _____

Have these weapon(s) ever been used/threatened to be used in a domestic dispute?

_____ Yes _____ No

If Yes, please describe incident(s): _____

8. Have you or the other party assaulted or made threats to a law enforcement official, social worker or court official?

You: _____ Yes _____ No Other Party: _____ Yes _____ No _____ Don't Know

If yes, Please describe incident(s): _____

9. Has your child(ren) witnessed abuse? _____ Yes _____ No

If yes, how often: _____

Has your child(ren) intervened? _____ Yes _____ NO

If yes, please describe: _____

10. Has your child(ren) ever been abused (hit, hurt, threatened)? _____ Yes _____ No

Type of Abuse (see #5 for examples): _____ Physical _____ Sexual _____ Emotional

If yes, please explain: _____

11. Have you ever been involved with the Department of Child Safety/Protective Services?

_____ Yes _____ No

If yes, please explain: _____

Health Information:

1. Do you have any special or medical problems that CSA should be aware of?

_____ Yes _____ No

Diagnosis/Disability: _____

Medication(s): _____

2a. Does your child(ren) have any special or medical needs (including allergies) that the visiting parent or CSA should be aware of? _____ Yes _____ No

If yes, please describe: _____

Special Instructions during visit: _____

2b. Is your child(ren) receiving psychiatric/psychological treatment (i.e. therapy/medications)?

_____ Yes _____ No If yes, please specify:

Diagnosis/Disability: _____

Medication(s): _____

3. Substance Abuse (by either party):

History of drinking alcoholic beverages:

By you: _____ Yes _____ No By Other Party: _____ Yes _____ No _____ Don't Know

History of non-prescription (street) drugs:

By you: _____ Yes _____ No By Other Party: _____ Yes _____ No _____ Don't Know

If yes, please state substance(s) of choice: _____

History of abuse of prescription drugs:

By you: _____ Yes _____ No By Other Party: _____ Yes _____ No _____ Don't Know

If yes, please state substance(s) of choice: _____

Please estimate how often these substances are used: _____

Do you believe there is a problem with drugs of alcohol?

For you: Yes No By other party: Yes No Don't Know

Behaviors experienced/observed while under the influence: _____

Treatment: _____

Length of Sobriety: _____

Custody and Visitation Arrangements:

1. Who presently has legal decision-making of the child(ren)?

Guardian Father Mother Joint Not determined at this time

2. What is the current parenting time arrangement?

Pre-Supervised Visit/Monitored Exchange Visitation Arrangements:

1. Until today, what arrangements were in place between you and the other party for contact/visitation with the child(ren): _____

2. How frequent were the visits with the child(ren)? _____

3. How long, on average, have these visits lasted? _____

4. Where have these visits taken place? _____

5. What was the date of the last contact between the visiting parent and child(ren)? _____

6. What is the understanding of the reason(s) why you were referred for supervised visitation?

Domestic Violence Allegations/History of Domestic Violence

Children Witnessed Abuse (physical, sexual, emotional)

Child Abuse Allegations of History, please specify: Physical Emotional Sexual

Substance Abuse or History

Lack of Access/Alienation of the child(ren)

Lack of contact/Re-Introduction, specify time absent _____

Poor Parenting Skills Allegations or History

Abduction Risk (threatened or attempted kidnapping)

Diagnosed Mental Illness

Other, Please explain: _____

7. Have you informed your child(ren) of the court order and the reasons why CSA services are needed? Yes No

If no, please explain why not: _____

8. What do you anticipate your child(ren)'s response to coming to CSA will be? (happy, shy, sad, scared, angry, etc.): _____

Caregiver - For Supervised Visitations Only: Do you and your child(ren) permit photographs to be taken during supervised visitations? Yes No

Consent for Supervised Visitation and/or Monitored Exchange Services:

Are you in agreement with using services from Counseling Services of Arizona?

Yes No

If no, Please explain: _____

CONCERNS: Is there anything that you feel we need to know to best serve your visitation needs?

Caregiver Signature

Date

CSA Staff Signature

Date

**Confidential
Address & Telephone Information**

Case Name: _____
(Visiting Parent's Last Name/Custodial Parent's Last Name)

Caregiver's Name: _____
_____ Custodial Caregiver _____ Visiting Parent

Parent's Mailing Address: _____
(Street or Post Office Box #)

(City, State, and Zip Code)

Home Phone Number: (_____) _____ Check if I can leave message

Cell Phone Number: (_____) _____ Check if I can leave message

What is the best number to reach you? home cell

Email Address: _____ Check if I can email you

Occupation: _____ Part time Full time

Employer: _____

Employer Address: _____

Attention Caregivers: It is your responsibility to always keep Counseling Services of Arizona informed of changes to your address and/or telephone number.

Parent Signature **Date**

**Counseling Services of Arizona
Client Financial Information**

Client Name: _____

Parent Responsible for fees: _____ Visiting Parent _____ Primary Residential Parent
_____ Split Fee

If Split, designate what the split is: _____

Authorization for Debit/Credit Card Charges

I _____ understand that Counseling Services of Arizona PLLC requires to have my credit card or debit card information on file in order to receive therapy services if I am responsible for all or part of the payment. Below is a list of services provided by Counseling Services of Arizona PLLC that may be charged to my card if the services are provided. If a different method of payment is preferred, payment will be taken care of at the time of services. If payment is not made at the time of service, the amount of the service will be charged to the credit or debit card.

Name as it appears on the card: _____ Phone #: _____

Email Address: _____

Debit/Credit Card #: _____ Expiration Date: ____/____

CVV (CSC) # _____ (For MasterCard or Visa, it's the last three digits in the signature area on the back of your card. For American Express, it's the four digits on the front of the card.)

Billing Address: _____ Street Address Apt #

_____ City State Zip Code

Fee Schedule:

For multiple/ongoing visitation - Retainer	\$1010
Intake for Visitation and/or Monitored Exchanges	\$100
Supervised Visitation (1 Hour Increments)	\$65
* Additional participants are \$15 (2 or more participants)	
Monitored Exchanges/per exchange	\$35

***Late Cancellations/Missed Appointments:** Fees are applied at the stated hourly rate of \$50.00.

Client/Parent Initial _____ Other Parent/Spouse/Guardian _____

Courtesy or Second Party Payers: Please understand that the Client/Parent/Guardian is responsible for paying all fees. This office will allow a courtesy payer or a second party (i.e. adult parent paying for an adult child, church or other organization as payer, etc.) to pay for services. However, we will not discuss appointments or appointment schedules with courtesy payer because of confidentiality unless a Release of Information has been signed.

Client/Parent Initial _____ Other Parent/Spouse/Guardian _____

Outstanding Balance: Any accounts with a balance outstanding longer than 30 days will accrue interest at the rate of no less than 10% per month. If necessary, this office will utilize the services of a collection agency where the client/parent/guardian is responsible for all fees associated with collection.

Client/Parent Initial _____ Other Parent/Spouse/Guardian _____

By my signature, I acknowledge reading and agreeing to the above financial terms.

Signature

Date

Signature

Date

Counseling Services of Arizona Supervised Visitation **Supervised Visitation Guidelines**

These guidelines exist and are facilitated to promote safe and healthy relationships child diminishing the risk or provocation of incidents or allegations against any client/participant/staff. **My primary goal is to ensure the safety of every individual that uses my services, therefore all rules must be followed.**

Arrival and Departure: All Clients

All clients must be on time for both arrival and departure of the agreed-upon supervision times.

Arrival and Departure** (for high conflict or OofP supervision at Counseling Services of Arizona ONLY)

The following procedures must be followed:

- a. The **visiting parent** must arrive 15 minutes prior to the visitation time. The visiting parent shall remain in a designated area until the visit begins.
- b. The **custodial parent**, or designee, must arrive 10 minutes prior to the visitation time. At the start of the visit, the custodial parent has the option to wait in the front waiting area or leave the Center. Parent must have immediate access to phone/text/email communication. Parent must return 10 minutes prior to the conclusion of the visit.
- c. The visiting and custodial parent must arrive promptly at their scheduled arrival times. Do not arrive early at the start of the visit if you are the custodial parent/designee unless alternative arrangement or circumstances have been prearranged with me. All times will be determined by Counseling Services of Arizona according to digital clocks on CSA electronic devices.
- d. When I return the child(ren) to the custodial parent, at the end of the visit, the custodial parent and child(ren) must leave the facility and the surrounding area immediately.
- e. When the visit is over, the visiting parent must wait fifteen (15) minutes after the custodial parent has departed. When the designated time has past, the visiting parent shall leave the facility and surrounding area immediately upon notification.
- f. Failure to arrive at the designated times or being late for a visit, without calling to let CSA know that they will be running late, will result in CSA canceling the visit.
- g. All visits to CSA, for services or to meet with me, must be scheduled in advance with me. No unannounced visits to CSA can occur.

Payment of Fees

Fees for the visit must be paid in full either by cash (exact change) or credit card (Visa, Mastercard, Discover, American Express). Clients can obtain a receipt reflecting all fees paid. Failure to make payment for one visit or exchange will result in suspension of services. No further visits will be scheduled until the parent pays the balance owed. Accrued balances must be paid no later than one week after the last date of service.

Scheduling Visits, Cancellations, and No Shows

Before any visit is considered "scheduled," each party must confirm their availability for the date and time of each visit. A visit cannot be cancelled until the visit has been scheduled by CSA. It is each caregiver's responsibility to ensure that new visits have been requested or cancellations reported to CSA.

Any cancellation of a scheduled visit must occur 24 hours prior to the visit. If for any reason you are unable to bring the child(ren) or attend the visit with your child(ren), it is your responsibility to notify CSA by calling (480) 229-9167. Each party must confirm mutually agreed up cancellations to CSA.

If a visit or exchange is not cancelled at least 24 hours in advance, it will be documented as a late cancellation and the canceling party (custodial or visiting) will be charged a \$50 cancellation fee. This fee will only be waived if documentation of emergency or illness is provided. Cancellation fees are due by the next scheduled visit/exchange. Reasons for cancellations are noted by staff and documented for the courts. If supportive documentation is provided for a visit cancellation, this will be confirmed in the documentation. CSA does not supply the other parent with the reasons for cancellation due to the level of conflict and concerns that arise.

We make every effort to maintain consistency with visitation. This process goes best when children can trust that they will be able to visit with their parent every time they are scheduled. "No Shows" will be assessed an automatic fee equal to the amount of the entire visit. This payment must be received by CSA before another visit is scheduled. Three "No Shows" in a period of 3 months by either party may result in termination of services.

Note: Visits are scheduled on a 50-minute hour 1st Hour (allowing 5 minutes at the start of the visit and five minutes at the visit conclusion to transition to and from the visit room) and 60-minute subsequent hours. For example: one hour visits will last 50 minutes; Two-hour visits will last one hour and 50 minutes.

Suspension/Termination of Services

Clients who are unable or unwilling to abide by CSA guidelines will be redirected or reminded by staff and may receive a follow up in writing. Non-compliance with any rule or challenging my authority may lead to termination of CSA services. When CSA terminate services, we may inform each parent in writing of the reason for termination of services or provide written notice to the court and /or referring source stating the reason for the termination and we will close the case file.

Child Refusal

CSA will not force children to visit if they refuse to participate in the visitations. I will attempt to encourage participation. If a child refuses to visit with the visiting party after 3 attempts on different occasions and it raises concern that continuation of services may become detrimental to the child's safety and emotional wellbeing. CSA will suspend services pending resolution of the issue.

Sharing Your Concerns

I want to give your concerns that may arise from visitation the time and effort they deserve and able to discuss those concerns in a way that respects your privacy. For that reason, we ask you not to discuss visitation concerns during visitation times. You can schedule a phone appointment or call at another time. Please allow at least 24 hours for me to return your call. Neither caregiver should attempt to engage me in lengthy conversations during the visitation service as the time is to be focused on facilitating the visit.

Grievance Procedure

If you have a concern, please speak with me directly. Appropriate actions will be taken to resolve the matter.

Respectful Interactions/Mandated Reporting

The following must be avoided at all times:

- a. Use of foul language, shouting or yelling at ANYONE
- b. Threat of physical abuse or violence to ANYONE
- c. Inappropriate touching of the child(ren)'s body
- d. Inappropriate demands for physical contact
- e. Attempts to move child(ren) away from the sight and/or hearing range of me

Pursuant to Arizona Revised Statutes, CSA is mandated to report knowledge of or reasonable suspicion of child abuse, neglect and/or dependency to the appropriate authorities. Abuse includes physical, sexual, emotional, neglect, and children's exposure to domestic abuse, substance abuse, etc. CSA does NOT investigate or determine if child abuse did or did not occur.

Caregivers, designees, and/or additional participants, must avoid disrespectful interactions. Neither caregiver should attempt to make contact (visually, verbally or physically) with the other party in a threatening or disrespectful tone or demeanor. **Note:** It is prohibited to use the visitation facility or surrounding areas for the service of court documents (e.g. Orders of Protection)

Additional Participants

Visits are an opportunity for caregivers to build and sustain a relationship with their child or children.

Additional participants will be allowed in a visit only after 3 visits have been successfully completed between a visiting parent and the child(ren), unless otherwise specified by the court. Prior to allowing any additional participants to attend a visit, caregivers must obtain approval of the court and provide the order issued by the court to CSA OR both parents must agree on the additional person attending a visit. Either party can request the attendance of an additional person in the visitation.

Once approval is obtained in writing, CSA must be given at least 7 calendar days' notice prior to the additional participant attending a visit. An additional fee of \$10 will be charged for a case with 2 or more additional participants, and it will be the responsibility of the party requesting the additional participant. Prior to the attendance of an approved person in the visit, the additional participant must meet with me and agree to center policies.

If approval is declined, then the person making the request cannot re-submit a request for the same participant for a period of three months. Should the party declining the participant notify me that a previously declined participant is now approved, this will be communicated to the requesting party. CSA reserves the right to decline the participation of any additional individuals to the visits.

Correspondence and Child-Related Communication

There will be no correspondence (e.g. regarding child support payment or other monetary exchanges, personal mail, tax information, etc.), messages to the other parent or property exchange by means of the child(ren) and/or CSA. Parents are responsible for taking home any items brought to the visits. Communication not related to the child(ren) should be directed to parents' legal representatives (attorneys). CSA will only exchange information in regard to the child(ren)'s medical needs that are noted on the Intake form. Medication, including vitamins, will not be administered during supervised visits. Under special circumstances, pre-approval for medication administration will be considered and, if appropriate, approved by CSA. In these circumstances, the visit will be briefly stopped to allow the custodial caregiver to administer the medications outside the supervised visit.

Visit Procedures

The "DO - NOTS" -

1. **Caregivers must not use alcohol or drugs (street or abused prescription) 24 hours before visiting the child(ren).** Visits will be cancelled if a parent is suspected of using alcohol or substances.

2. **Weapons**, or any articles that could be used as a weapon, **are not permitted at CSA**

3. **Do not leave visit rooms and/or waiting areas without cleaning up.** It is expected that children and caregivers treat CSA and Arizona Family Institute staff, environment and toys with respect. Caregivers are responsible for putting toys away and leaving the room in the same condition as they were found.

4. **Do NOT use your cell phone during visits** - Phone calls to or from other individuals are not permitted at anytime during supervised visitation. Cell phones must be turned off prior to the start of the visit. Cell phones are permitted in the designated waiting area.

5. **No Permanent alteration of the child(ren)** during the visit, including but not limited to: haircuts, tattoos, body/ear piercing, etc.

6. **Do Not Play Rough** - CSA promotes non-violent play during visits. Caregivers should set limits for their child's behavior. If at anytime the child's behaviors appear to be a danger to self, Other participants will step in and do a treatment play for them.

Gifts

Gifts for the children are permitted only after the first visit, or children's birthday, and on other sensitive holidays. All gifts must be presented to CSA staff unwrapped for my inspection to ensure the gifts are age appropriate, harmless and free of unallowable communication/information. *Note: If gifts are brought wrapped, I will unwrap them for inspection and the visit will not start until all gifts have been inspected.* If the gift is not age appropriate, the custodial parent must give consent.

Food

The visiting parent may bring a meal or snack for the child(ren) who are over the age of two. If the child is younger than two, the custodial parent may provide a meal (snack, bottle). CSA will only monitor meals/snacks for food allergies noted on this Intake form above. Meals/snacks are not considered "gifts."

Toileting/Bathroom/Diapering

If a child is old enough to use the bathroom without assistance, I will accompany the child to the bathroom and wait in the hallway. If the child requires assistance (potty training), the visiting parent may accompany the child to the bathroom under my supervision except in special circumstances. Custodial parents must bring diapers, bottle formula, etc., to the visits.

Inappropriate Conversations

- Parents will not speak negatively about the child(ren)'s other parent, his/her family, designees or CSA in front of the children
- Parents must not share detailed court information or court documents with the child(ren) or make promises to the child(ren) about future living arrangements, legal-decision-making or parenting time modification. Topics involving a court date scheduled or unscheduled of the future shall not be discussed during the visits. Discussions and activities should focus on the present so as to avoid added pressure and/or disappointment of the child(ren).
- Parents must not question the child(ren) about the other parent's whereabouts or activities. Parents must not question the child(ren) about pre- and post-activities or whereabouts.
- Parents and child(ren) must speak English. Parents, designees, and child(ren) must speak loud enough for staff to hear. No whispering.

Photos and Videos

Photographs may be taken during visitation with the prior approval of CSA, the child(ren) and the custodial parent. The custodial parent must have designated that photography is permissible on the intake form. Photographs must not be taken of me at any time. Photographs brought by the visiting parent or child(ren) to the visit must be presented to me/CSA prior to the start of the visit for approval. Photographs cannot be exchanged during the visit, with the exception of those pictures brought by the child(ren) wherein the child is the only subject in the photo (ex School pictures) and the picture is approved by CSA.

No audio or visual recording devices are permitted for any reason. Electronic equipment such as computers, radios, hand-held or portable electronic games are not allowed during the visits for any reason.

Observation Notes and Intake Forms

CSA is committed to keeping its records confidential and adheres to a confidentiality policy. You may review observation notes from visits or exchanges in which your child participated. To review notes, schedule an appointment at least one week (7 days) in advance. You must come to CSA to review the notes in the presence of myself. You may review them once every 60 days free of charge. If you wish to review notes more frequently, a \$20 fee will be charged, payable at the appointment. You may not remove observation notes from our office or write down information about the contents of the observation notes.

Copies of notes/Confidentiality

You have a right to your child's medical record. If you request a copy of the record, I need that request in writing and please allow 10 days for these documents to be provided.

If you would like notes to be release to a person other than you, I will need you to sign a Release of Information for me to share a file in compliance with federal HIPAA regulations. All your information is considered a confidential record unless I am Court-Ordered to produce the records.

Court Information

Role of CSA: I am present to facilitate visits and exchanges per the court orders and intervene when guidelines are not adhered to. I cannot provide legal advice, mediate issues between parents, provide therapeutic interventions, conduct assessments of parenting skill or custody evaluations in the role of a supervisor. If you desire to change our business arrangement for new services, we can discuss this and sign a different contract for those identified services.

CSA provides supervised visitation/monitored exchange services using a model of service provision that is designed for neutrality, safety, structure and consistency Therapeutic interventions are not provided, unless specified as therapeutic visitation in the court order. CSA does not provide recommendations for court. If subpoenaed, CSA will charge the issuing party a fee of \$70.00 per hour, with a nonrefundable minimum retainer fee of \$50.00. Payment of the retainer fee is due 72 hours prior to the time of the scheduled court appearance. This fee applies to each court visit, whether or not testimony actually takes place.

CSA produces formal Case Reports for scheduled court hearings addressing visitation issues and observations. The Case Reports are neutral, observational, and non-recommending. Case Reports reflect factual patterns of interaction and document any non-compliance to CSA guidelines. Case Reports include cancellations, no shows, late and early arrivals of either parent along with the reason provided for the cancellation/no show/late arrival/early arrival. If supportive documentation is provided for all of these circumstances, it will be confirmed in the case report. Parents, their attorneys, are responsible for informing CSA at least two weeks prior to the scheduled court hearing such that adequate time can be given to produce the report; appropriate documentation of such hearing must be provided soon after the request has been made. CSA provides the report to the visiting parent and custodial parent and/or their attorneys directly, regardless of the source of the case report.

Note: Any case report provided will be subject to a fee of \$50, \$75 or \$100 depending on the length of the report. The parent court ordered to assume service cost will be responsible for the fee associated with the case report unless the parents agree to split the cost.

If you go to court and it is decided that you will not be using supervised visitation or exchange services any more (or you choose not to use the series), it is the caregiver's responsibility to notify CSA. Do not depend on the courts or the other party to do so. If you do not continue using CSA services and you have a balance owed, it is also your responsibility to pay off this balance. If payment is not received within one month of discontinuation of services, CSA hold the right to bill you in writing for the amount owed.

The above CSA guidelines are subject to change. Clients will be given sufficient notice of such changes in writing or verbally. By signing below, you agree to comply and to having received a copy of these guidelines.

Counseling Services of Arizona
Receipt of and Acknowledgement and Agreement of
Supervised Visitation and/or Monitored Exchange Guidelines

Client Name (print): _____

Caregiver Signature: _____

Date: _____