PACE FAMILY SERVICES

SERVICE AGREEMENT

CASE NAME: _____

P.A.C.E. FAMILY SERVICES IS CENTERED ON THE BEST INTEREST OF THE CHILD(REN). WE ALSO TAKE INTO CONSIDERATION THE NEEDS OF THE VISITING PARENT AND THE CUSTODIAL PARENT. TO PARTICIPATE, ALL PARTIES MUST AGREE TO THE TERMS AND CONDITIONS OF THIS CONTRACT OR BE COURT ORDERED TO DO SO.

EXCHANGES AND SUPERVISED VISITATION SERVICES:

P.A.C.E. FAMILY SERVICES IS REQUIRED BY LAW TO REPORT ANY REASONABLE SUSPICION OF CHILD ABUSE OR NEGLECT TO CHILD PROTECTIVE SERVICES. THIS INCLUDES PHYSICAL, SEXUAL, OR EMOTIONAL ABUSE AND PHYSICAL NEGLECT.

PARENTING AND ANGER MANAGEMENT SERVICES:

(CHECK ALL THAT APPLY)

PARENTING_____ ANGER MANAGEMENT_____ CO-PARENTING_____ EXCHANGES_____ VISITATION_____ OTHER_____

*IF OTHER: SERVICE TYPE: _____

FEE SCHEDULE AND PAYMENT AGREEMENT:

INDIVIDUAL RATE: _____ GROUP RATE: _____

COURSE LENGTH: _____(WEEKS) COURSE TOTAL: _____

P.A.C.E. FAMILY SERVICES SERVICE FEES WILL BE _____ PER HOUR, CLASS, VISIT, OR EXCHANGE, WITHIN SACRAMENTO COUNTY, CALIFORNIA, AND _____ PER HOUR OUTSIDE OF SACRAMENTO COUNTY.

I AGREE TO THE ABOVE LISTED RATE. INITIAL HERE _____

FEES ARE PAYABLE PRIOR TO TIME OF SERVICE OR DELIVERY OF PRODUCT. FAILURE TO PAY PRIOR TO TIME OF DELIVERY OF SERVICE/PRODUCT MAY CAUSE THE TERMINATION, DISRUPTION OR DELAY OF THE SERVICE/PRODUCT.

PARTIES WILL PROVIDE IN ADVANCE AN ESTIMATE OF THE LENGTH OF TIME THE VISITATION WILL OCCUR.

OTHER FEES:

P.A.C.E. FAMILY SERVICES WILL RELEASE VISIT NOTES TO CUSTODIAL AND NON-CUSTODIAL PARENTS UPON REQUEST AND PROVIDED TO CUSTODIAL AND NON-CUSTODIAL PARENTS, AND ATTORNEYS, AT THE RATE OF $20.00 PER PAGE. WHEN ORDERING REPORTS, PAYMENT MUST BE MADE IN ADVANCE. PROCESSING TAKES AT LEAST 7 TO 10 BUSINESS DAYS. AN ADDITIONAL FEE MAY BE CHARGED FOR RUSHED REPORTS. DOCUMENTS WILL BE PROVIDED TO AGENTS WORKING FOR THE COURT (SUCH AS PSYCHOLOGISTS OR SOCIAL WORKERS INVOLVED IN A SOCIAL STUDY) AND FEES FOR SUCH RECORDS REQUESTS ARE CHARGED TO THE REQUESTING PARTIES OR AS DIRECTED BY THE COURT. THE DESIGNATED PAYER AT ADDITIONAL COST UPON REQUEST MAY OBTAIN COPIES OF VISIT NOTES.

IF SUBPOENAED TO TESTIFY IN COURT, P.A.C.E. FAMILY SERVICES WILL CHARGE THE ISSUING PARTY $75.00 PER HOUR PLUS TRAVEL EXPENSES AT THE CA STATE MINIMUM RATE. A 2 HOUR RETAINER MUST BE PAID IN ADVANCE. ADDITIONAL FEES MAY INCLUDE PARKING AND OTHER EXPENSES. THIS FEE APPLIES FOR EACH COURT VISIT WHETHER OR NOT TESTIMONY ACTUALLY TAKES PLACE.

REFUND POLICY:

P.A.C.E. FAMILY SERVICES DOES NOT PROVIDE REFUNDS. ALL SALES ARE FINAL.

CANCELLATIONS AND MISSED SESSIONS/VISITATION:

THE CANCELING PARTY WILL INCUR THE FEE OF $50.00 AND TRAVEL COSTS IF THEY FAIL TO NOTIFY P.A.C.E. FAMILY SERVICES, SAFE EXCHANGE SERVICES OF CANCELLATION AT LEAST 24 HOURS PRIOR TO THE SCHEDULED VISITATION. IF BOTH PARTIES FAIL TO SHOW FOR A VISIT, EACH PARTY WILL BE RESPONSIBLE FOR THEIR PORTION OF THE FULL FEE OF THE ESTIMATED VISITATION LENGTH. THE CANCELLATION FEE WILL BE DUE PRIOR TO THE NEXT VISIT.

SUSPENSION OF SERVICES:

IF TWO SCHEDULED CLASSES/VISITATIONS, HAVE BEEN MISSED OR OTHERWISE DO NOT OCCUR THE CASE MAY BE TAKEN OFF THE SCHEDULE DEPENDING ON CIRCUMSTANCES. ALL PARTIES MUST CONTACT P.A.C.E. SERVICES IN ORDER TO REINSTATE SERVICES. ALL PARTIES WILL BE NOTIFIED WHEN SERVICES HAVE BEEN SUSPENDED OR REINSTATED. P.A.C.E. SERVICES WILL EXERCISE ITS RIGHT TO CONTRACT WITH A COLLECTION AGENCY TO RECOVER FEES OWED WHEN THEY ARE 30 DAYS PAST DUE. ATTORNEY FEES AND COSTS SHALL BE PAID BY THE DEFAULTING PARTY WITHIN THIS CONTRACT SHOULD THE NEED ARISE TO SEEK LEGAL OR COURT ACTION TO RECOVER FEES DUE.

REQUESTS FOR ADDITIONAL ATTENDEES/DESIGNATED PERSONS FOR DROP OFF & PICK UP:

P.A.C.E. FAMILY SERVICES IS SUPPORTIVE OF FAMILY VISITATION ORDERS. FOR REQUESTS TO INCLUDE ADDITIONAL PERSONS NOT NAMED IN THE COURT ORDER FOR VISITATION, OR TO DROP OFF/RECEIVE CHILDREN, ALL CONTACT INFORMATION MUST BE ON FILE ALONG WITH A SIGNED AGREEMENT BETWEEN BOTH PARTIES.

ADVERTISING AND MARKETING:

PACE RESERVES THE RIGHT TO USE PHOTO LIKENESS FOR ADVERTISING AND MARKETING PURPOSES WITHOUT THE EXPECTATION OF COMPENSATION TO YOU.

CLOSING INTERVIEW:

THE FINAL MEETING TAKES PLACE AFTER THE LAST CLASS. IN THIS MEETING, ALL PRE-TESTS WILL BE TAKEN AGAIN. THE WORKBOOK AND JOURNAL WILL BE REVIEWED FOR COMPLETENESS. THIS APPOINTMENT WILL TAKE APPROXIMATELY AN HOUR AND ONE HALF. THE FEE WILL BE $25. UPON SUCCESSFUL COMPLETION OF ALL WORK AND PRE-TESTS, THE CERTIFICATE WILL BE AWARDED.

ACKNOWLEDGMENT OF UNDERSTANDING OF SERVICES AND GUIDELINES:

I HAVE READ AND RECEIVED A COPY OF THESE RULES FOR MYSELF. MY SIGNATURE BELOW INDICATES I UNDERSTAND THESE RULES AND AGREE TO FOLLOW THEM. I UNDERSTAND THAT THE INFORMATION GATHERED DURING SUPERVISED EXCHANGES, VISITATIONS, OR CLASSES, INCLUDING EMAIL CORRESPONDENCE, MAY BE RELEASED TO THE COURT AND OTHERS AUTHORIZED BY THE COURT TO HAVE SUCH INFORMATION. I UNDERSTAND THAT IF I DO NOT COMPLY WITH THESE RULES, SERVICES MAY BE SUSPENDED OR TERMINATED AND NOTICE OF SUCH MAY BE PROVIDED TO THE COURT. BY SIGNING THIS CONTRACT, I ALSO GIVE CONSENT TO USE MY LIKENESS AND COMMENTS FOR ADVERTISEMENT/MARKETING PURPOSES WITHOUT EXPECTATION OF PAYMENT. I UNDERSTAND THE MATERIAL PRESENTED IS FOR EDUCATION PURPOSES AND NOT COUNSELING.

_____ _____ _____ _____

SIGNATURE DATE SIGNATURE DATE

PRINT NAME: _____ PRINT NAME: _____

PACE REPRESENTATIVE: SIGNATURE: _____ DATE: _____

PRINT NAME: _____

BACKGROUND

PLEASE BRIEFLY DESCRIBE YOUR BACKGROUND AND THE CIRCUMSTANCES THAT BRING YOU TO P.A.C.E.

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