Intake/Orientation Agenda and Checklist

1) Review case history and needs with parent(s): This includes discussion of why services are needed, what services we can provide, and the family dynamics in place.  
   (45 Minutes)

2) Review forms and policies: VMS will go over each form signed/completed by the parent  
   Contract for Services  
   Fee Schedule  
   Emergency Procedures  
   Service Agreement  
   First Aid Waiver  
   (30 Minutes)

3) Establish a time-sharing plan: A plan for the first appointment is discussed and scheduled, which includes  
   a) Meeting location  
   b) Time /date  
   c) Persons permitted to be at visit  
   d) Activity planned  
   (15 Minutes)

Please bring the following items to the Intake Meeting:

   ALL Intake forms in this packet  
   Copy of Photo ID of yourself and anyone you would like to be present at visits OR to be able to pick-up your child from visits.  
   Court Orders, Stipulations, or Legal Documents as it pertains to time-sharing/exchanges  
   Recent photograph of the child(ren)  
   Your attorney’s name and contact information (if you have one)  
   Any additional Information VMS needs to be aware of to provide services effectively.
AUTHORIZATION TO RELEASE OR OBTAIN INFORMATION
(Complete one release per provider type listed A-D)

1. Participant’s Name: _______________________________________________________
   (First Name) (Middle Name) (Last Name)

2. Date of Birth ____/_______/________

3. Date of authorization initiated: _______/________/__________

4. Authorization initiated by: ______________________________________________
   Name (participant/self, provider or other)

5. Information to be released:
   a) ____ VMS Progress/Services provided (includes information on attendance,
correspondence, observation reports/summaries, intake forms, and fees)
   b) ____ Guardian Ad Litem reports, recommendations, or notes
   c) ____ Psychotherapy Progress: (limited information just a few sentences about your progress in
Psychotherapy, provider will not release progress notes.)
   d) ____ Communication with my medical doctor (includes PCP, Family doctor, and pediatrician)
   e) ____ Authorization for (OTHER): describe information in detail:

   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

6. Purpose of Disclosure: The reason I am authorizing release is:
   For the purpose of providing pertinent information to/from VMS RE:
   Supervised Time-Sharing Services     Guardian Ad Litem Services     Case Management Services     Other:

7. Person(s) Authorized to make the disclosure:

8. Person(s) authorized to receive the disclosure:

This authorization will expire one year from this date:

Authorization and Signature: I authorize the release of my confidential protected health information, as described in my
directions above. I understand that this authorization is voluntary, that the information to be disclosed is protected by law,
and the use/disclosure is to be made to conform to my directions. The information that is used and/or disclosed pursuant to
this authorization may not be re-disclosed to others by the recipients without written authorization, subpoena, or court order.

Name Printed and Signature          Date
**CONTRACT FOR SERVICES**

Participant Name:___________________________________________________________

Child(ren) Names/Age/DOB___________________________________________________________________________

Address____________________________________________________________________

Phone Contact/Email_______________________________________________________________

VMS advocates for the rights of child(ren) to maintain contact with their parents and significant people in their lives, and strives to provide a comfortable setting for such contact. In order to maintain this setting, the following conditions are expressly agreed upon between parties and by parents on behalf of their child(ren):

Each participant is responsible for their own actions and VMS is not liable for actions or omissions that occur during a VMS visit. The participant agrees to assume the risk for any injuries or damages that may be suffered by the participant or the participant’s child(ren) during services with VMS. The participant agrees to hold VMS harmless from any claims arising out of services with VMS, unless such claim arises from the willful misconduct or gross negligence of VMS paid staff.

The child(ren)’s wellbeing, emotional and physical safety remains the organization’s primary concern.

_____ I understand and agree to abide by the VMS Hold Harmless policy.

**Arrival/Dismissal**

Participants will observe the following procedures:

1) Parent arrives at scheduled time with child(ren) and leaves the premises immediately.

2) The other Parent arrives and exercises time-sharing with child(ren) for scheduled duration, and leaves premises immediately following time-sharing.

3) VMS staff returns children to Parent picking up children at designated time/location.

Adults who find opposing parties outside the VMS visiting location at the time of their arrival are to drive by the facility/location and contact VMS staff by phone who will advise you of the proper course of action.

**Time-Sharing Participant Roles, Rules and Communication**

Family members are encouraged to establish their own agenda for visits. Appropriate toys, food, memorabilia, and gifts may be brought to the time-sharing appointment (subject to
VMS staff inspection.) The role of the time-sharing monitor is to observe family interactions; however, they may help facilitate communication between child(ren) and parent during visits. Typically interventions are to remind families of the VMS polices as outlined in the time-sharing agreement and contract for services. Families may require coaching or direction by VMS staff to help facilitate the time-sharing and is generally offered to create a positive experience for all participants and should not be considered criticism of the parent or participant.

While at VMS, the following communications with the child(ren) are strictly prohibited:

- Derogatory comments about the child(ren)’s other parent, caregivers, or other significant individual in the child(ren)’s life.
- Questions concerning a child(ren)’s home address, telephone number, or about possible changes in child(ren)’s living arrangements or questions about the other parent.
- Discussion of past, present, or pending litigation or other adult topics of conversation.
- Whispering: All conversations will be held at levels audible to VMS staff at all times. Inappropriate conversations will result in the visit ending and possible suspension of visits or termination of services.
- Physical discipline or the threat thereof is prohibited during VMS time-sharing.
- Child(ren) needing assistance using the restroom will be accompanied by VMS staff.

VMS staff reserves the right to cancel a visit prior to its occurrence or while it is in progress if in the good faith judgment of its staff a child(ren)’s safety is determined to be at risk or if a child(ren) is persistent with severe resistance to the visit.

____ I understand and agree to abide by the Time-Sharing rules and Communication Policies above.

Medication and Dietary Restrictions
VMS will allow parents exercising time-sharing to administer medication to the children during time-sharing only when medically necessary per doctor’s instructions which should be provided to VMS prior to the appointment. VMS will provide a copy of medical guidelines written on the doctor’s letterhead to the other party. When at all possible, medication should be provided to the child prior to the time-sharing appointment. VMS will make a note of snack and food items eaten by children during visits on observation forms.

Parents are responsible for informing VMS staff of any medical or physical limitations of their child(ren), as well as the best way for VMS staff to respond to those needs. This includes informing VMS of any medications that has been given to the child prior to the time-sharing appointment.

____ I understand and agree to abide by the Medication & Dietary Restriction Policy.
Fees
VMS requires a retainer for services to be paid upfront prior to scheduling an intake or appointment, including all court related services and depositions, as well as prior to receiving any requested documentation or reports. VMS requires all fees to be paid TWO WEEKS in advance of scheduling/booking services. VMS reserves the right to cancel scheduled services if fees have not been paid accordingly.

NOTE: Non-payment of fees may result in contempt of court sanctions if services have been referred to VMS through the courts.

Additionally, the parent exercising supervised time-sharing will be responsible for paying for the monitor's admittance/entry fees for any activities where such fees are required. This includes amusement parks, movies, etc. Additionally, the visiting parent may be responsible for the monitor’s meal if visit occurs during regularly scheduled meal times and visit takes place in a restaurant or eatery.

Forms, Reports, Correspondence, and Testimony
VMS maintains a confidential file for each case. During supervised time-sharing, VMS staff may complete an observation summary report. This form will be a summary of the visit/exchange and will document a general review of the time spent at VMS. A copy of the completed form may be provided to both parties upon request. Detailed reports, with a narrative of the visit and checklist of behaviors is available to the parties in accordance with the fee schedule, but must be requested prior to the start of the visit. VMS will not respond to requests for reports involving recommendations or other subjective information. TWO WEEKS’ notice in advance of a due date is required for any and all written reports, and fees will be applied per the fee schedule. Request for testimony should be addressed to “keeper of the records” for the case.

VMS staff will only testify in a court hearing if issued a written subpoena. The party issuing the subpoena will be responsible for payment of all associated fees.

I understand that any Court dates for hearings, trials, or other appointment where VMS may be/is required to attend must be scheduled in conjunction with the VMS to ensure availability and attendance.

I understand and agree to abide by the Forms, Reports, Correspondence, and Testimony policies above.

Scheduling/Cancellation and Office Hours
In order to ensure the availability of supervised time-sharing services to numerous families, services are a minimum of two (2) hours. Rare exceptions may be approved at the discretion of the VMS Director. You are responsible to schedule your services in accordance with your
Visitation Management Services (VMS)
Tampa Bay, FL
phone: 813-340-7449 | web: www.customvisits.com
Executive Director: Traci Powell

court order. In most cases, VMS schedules time-sharing 30 days in advance. Participants should submit their requested visitation time for the following month by the 15th of the current month. This should include any black-out dates such as court, doctor’s appointments, etc. A calendar of appointments will be created for the family, and participants will be given one opportunity to review them for conflicts. Changes will be made only once, and then a final calendar is sent to the participants for that month. Changes requested/made after the final calendar has gone out may result in the Administrative Services Fee being assessed to the party requesting changes.

VMS will make three (3) good-faith efforts to schedule and coordinate an appointment as requested by a client. Attempts include phone calls, emails and text messages. If further efforts outside of those three (3) attempts are needed in order to schedule and coordinate an appointment, VMS will not proceed without receiving compensation for their time according to the VMS fee schedule “Administrative Services Fee”.

When canceling a visit due to illness, the canceling party should obtain documentation verifying the illness. The court may ask for such verification if cancellation of appointments becomes an issue in litigation. Cancellations should be conveyed through VMS and NOT through the other party.

**Cellular Phones and Cameras**
The use of cell phones during appointments, by both the parent exercising time-sharing and the child (if applicable) will be monitored closely by VMS staff, and excessive use will be documented. Parents may take appropriate photographs of their children during time-sharing. All photographs will be monitored for content by the time-sharing monitor.

_____ I understand and agree to abide by the Cell Phones and Camera policy.

**Grievance Policy**
While every effort is made to set forth policies as clearly as possible, inevitably some concerns will occasionally arise regarding VMS’s performance. Our grievance procedure is as follows:

- Contact the VMS Director to schedule a time to speak about your concern.
- The VMS Director may attempt to propose a solution to the problem/concern or request suggested solutions from the participants.
- If the participants cannot reach an agreement/solution, participants may elect to terminate services as stated in the VMS Contract for Services Termination of Services clause.

These guidelines and procedures may not cover every possible activity/scenario that may develop. VMS retains the right to utilize the discretion of the Director when making or adjusting policy decisions concerning incidents that are not specifically covered in this
document. VMS is dedicated to a policy of nondiscrimination on any basis, including but not limited to race, ethnicity, age, religion, sex, disability, or marital status.

_____ I understand and agree to abide by the Grievance policy.

**Termination of Services**

If one party wishes to terminate services and the other does not, VMS will review the court orders in place regarding the case. In cases where a court order is in place specifying the supervisor/provider, and with such specification includes VMS by name or designates that a “professional supervisor” may supervise, VMS will continue to document the attempts and provision of services. If there is not a court order for supervised time-sharing in place, VMS will attempt to resolve concerns or issues in an effort to continue services. If a resolution cannot be reached, VMS will notify parties in writing that the case has been closed and services have been terminated pending an agreement by the parties or judicial review.

If both parents choose to terminate services, VMS will close their case. Clients that terminate services when there is an appointment or exchange scheduled within 5 days of the request for termination will be assessed the full rate of the service scheduled. This agreement will be effective on the date signed below, and shall remain in effect until the case is terminated by the court order or until the case is closed in accordance with VMS policies. A fee schedule is included by addendum and the participant agrees to be liable for incurred fees and any costs incurred by VMS for the collection of fees paid after 30 days.

_____ I understand and agree to abide by the Termination of Services policy.

By signing as indicated below, you affirm that you have read the above contract and have had the opportunity to ask any questions for clarification.

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<th>Participant Print Name</th>
<th>Participant Signature</th>
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<th>VMS Staff/Director</th>
<th>VMS Staff/Director Signature</th>
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Visitation Management Services (VMS)  
Tampa Bay, FL  
phone: 813-340-7449 | web: www.customvisits.com  
Executive Director: Traci Powell

Rates/Fee for Services

**Intake and Orientation to Services** $150.00/each party (NON- REFUNDABLE)  
A mandatory intake and orientation must be completed prior to services being given. Separate appointments are made with each parent to ensure safety and confidentiality. During this process, information is collected from both parties on the scope and needs for services, and a time-sharing plan is made. Additionally, this fee includes the cost of all previous contact and information received and obtained on the case prior to intake, including but not limited to local background checks and phone contact between parties and their attorneys.

**Off-Site Supervised Time-Sharing** $50.00-75.00 per hour depending on the severity of the case, #children, Days/Times/Holidays.

**Monitored Exchange** $40/exchange  
This fee is for exchanges within VMS designated location in Hillsborough County. Customized exchange locations subject to additional fees.

**Travel Expenses**  
Travel expenses to be determined based upon date, time, and location of the visits outside of VMS designated locations.

**Cancellation/Reschedule Fee** $50.00  
Most families’ time-sharing appointments are booked/scheduled 30 days ahead of time in order to ensure availability of services. In general, VMS follows the guidelines when determining if the cancellation/reschedule fee is to be assessed: If services are cancelled after noon (12:00pm) five days prior to the scheduled visit, VMS reserves the right to assess the full fee for the scheduled visit or apply the fee to the next visit. No shows will be assessed the full scheduled fee. *The cancelling party is responsible for the cancellation fee.*

**Retainer**  
If it is determined during the course of working with a family that extensive time is being spent going between parties and/or their attorneys to resolve issues pertaining to time-sharing, or the case involves heavy litigation by the parties, VMS may request that the parties provide a retainer for services in addition to the fee for supervised time-sharing services.

**Court Testimony/Deposition Fee** $150/hour for court related services or depositions. Fees are NON-REFUNDABLE regardless of whether VMS services are utilized or not. This fee includes preparation time required by VMS to appear for court-related services. A retainer of $300.00 will be required in advance. Members of VMS’s staff will only testify in a court hearing if issued by a written subpoena. The party issuing the subpoena will be responsible for payment of all associated fees, including the cost of VMS legal counsel and any related expenses.
fees. This fee is for testimony and/or depositions given within the 13th Judicial Circuit. Out of circuit cases may be charged a premium fee in addition to all travel expenses related to the case.

**Administrative Fee** $50.00-$75.00 per hour

This fee will be assessed in response to any efforts VMS must make in responding to any contact to/from clients/attorneys and communication between parties in response to a request to appear in court, to give testimony, and/or deposition, including but not limited to the time VMS must spend in addressing and/or responding to issues resulting from a subpoena. This includes phone contact, emails, text messages, and in-person contact before and after time-sharing.

This fee may also be assessed when parents or attorneys request a meeting/conference to discuss issues pertaining to the case, concerns, or grievances. This fee may be applied to extensive email correspondence, telephone calls, or other communication method when time devoted to resolving the issue or coordinating the time-sharing plan may cause VMS to take time away from serving other families.

**Documentation**

**Detailed Observation Reports:** $65.00-$150.00 TBD based upon #hours/#children

This is a comprehensive report describing interactions between parent and child during time-sharing detailing specific actions/activities and responses by parent and/or child in narrative form. It includes a checklist for observable behaviors, interventions made by staff, if any, and client compliance with policies and court orders. This detailed report will only be completed upon request and paid in advance.

**** All fees are subject to change. ****

****Parties will be advised of changes in fees prior to services being rendered. ****

I have read and understand the fee schedule outlined above.

______________________________________________________________________________________
Client Printed Name and Signature                                                              Date

______________________________________________________________________________________
VMS Printed Name and Signature                                                                 Date
VMS Emergency Procedures

VMS strives to maintain a safe and secure environment for families and staff, however absolute safety cannot be guaranteed. VMS will review the emergency procedures with both parties during the time-sharing planning to ensure their understanding of their responsibility to act in accordance with these policies.

Automobile Accident: In the event that an accident should occur while traveling in an automobile, the following procedures should be followed:
911 should be called in all instances, regardless of whether injury occurred or not. A police report should be made. A copy of the police report will be provided by the parent to VMS to be placed in the case file.

In the event that a child is injured and must be transported via ambulance to the hospital, VMS staff will ride with the child in the ambulance and the parent will find other transportation there (unless there is also room for the parent exercising time-sharing in the ambulance). The other parent will be notified immediately and informed of the hospital where the child is being taken. If parent is injured and needs to be taken to the hospital, VMS staff will remain with the child, and the other parent will be called to pick the child up.
If VMS staff should be injured and in need of medical attention, VMS staff will make every effort to notify the designated support staff (VMS Director or supervisor), however this cannot be guaranteed. VMS Director or support staff will then notify parents of emergency procedures.

Abduction: If, during the course of a monitored exchange, a parent exercising time-sharing fails to return with the child(ren) within fifteen minutes of the specified time, and has not called to report their whereabouts, VMS will consider this an abduction and call 911. Police will be given the identifying information on file regarding parent’s appearance, vehicle, and photographs of the child(ren). The other parent will be notified as well. If parent abducts/ attempts to abduct a child(ren) during the course of an off-site visit, 911 will be called immediately, followed by VMS director, other parent and/or emergency contacts.

Hurricane/Tornado: Appointments that were scheduled prior to the hurricane watch or hurricane warning will be cancelled and rescheduled after the threat expires. Under no circumstances will VMS supervise a visit under the threat of hazardous weather conditions. Because tornados can occur rapidly during a typical Florida rain storm, it is possible for VMS to be in progress of a time-sharing appointment when a tornado watch or tornado warning is given. If such a warning is given for an area in which time-sharing is taking place, VMS staff will cancel the visit in progress and notify the other parent of this fact and follow normal end-of-visit procedure. Staff will contact VMS Director if/when an appointment must be cancelled due to negative weather conditions.

I have read and understand the VMS Emergency Procedures:

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<th>Signature</th>
<th>Date</th>
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Visitation Management Services (VMS)
Tampa Bay, FL
phone: 813-340-7449 | web: www.customvisits.com
Executive Director: Traci Powell

Service Agreement

All applicable guidelines of Visitation Management Services, LLC (VMS) have been explained to me and all questions clarified. I have received my signed copy of the applicable guidelines, and understand my obligation to follow them in order to receive service.

I understand that VMS is not a confidential service in regards to information kept on file. However, VMS will make a reasonable effort not to release information about a person’s name, address, or phone number without a specific written release. Such information will be given only to proper authorities. Information may be sent to the referring Court, attorneys of record, Attorney ad Litem (if applicable), court appointed psychologist/psychiatrists, court appointed custody evaluators, Child Protective Services (if applicable), and Probation or Parole Officers (if applicable). I also understand that if the child(ren) are in therapy, the therapist(s) may be contacted to contribute and receive information regarding services at VMS. All information on your case may be shared with all VMS staff, including contract staff and/or security staff. Additionally, all records are subject to subpoena by the Court. The process for release of information has been explained to me and I understand the process. I have signed a statement of understanding regarding release of information.

I understand that VMS is not responsible for items brought to time-sharing appointments that become lost, stolen or damaged.

I understand that VMS has made every effort to select and screen staff in a responsible manner and to prepare them for proper observation and supervision activities. I further understand that supervisors are not trained for, nor are they expected to intervene in moments of danger to anyone participating in time-sharing or exchange. Appropriate medical and law enforcement notification is the extent of their responsibility at such times.

A guaranty that no harm will occur during such Court ordered or voluntary use of service at VMS is neither inherent nor implied, and while every reasonable precaution short of physical intervention will be taken to secure the child(ren)s or adult’s safety, it cannot be guaranteed. In the event of an emergency, I understand my child(ren) may be transported to a safe place until such time as an appropriate custodian can be contacted. If an ambulance transfer were to be deemed necessary I authorize the transport of my child(ren) via ambulance or other means to an emergency facility. I also authorize VMS staff to accompany my child(ren) to an emergency facility should they feel the need to do so.

I hereby contract and agree to indemnify and hold harmless VMS, its principals, agents, representatives, employees, assignees, managers, members, officers and directors from any and all claims that may now exist or hereafter arise from adverse incidents resulting in injury or death that may occur relative to issues in the case, including but not limited to accident, violations of court orders, mental health issues, and parental/familial conflicts. By signing below, I affirm that I have read and agree to each statement above.

___________________________________________________________________________
Client Name/Signature/Date
___________________________________________________________________________
VMS Name/Signature/Date
First Aid Waiver

As the primary custodian of the above-named children, I authorize Visitation Management Services, LLC to provide the following treatment for minor injuries, should they occur during the course of a scheduled VMS supervised time-sharing/exchange:

___ I do not want VMS to provide any treatment for wounds or injuries my child may incur.

Cuts, Scrapes, Minor Skin Abrasions (Check all that apply):
  - Clean the wound with alcohol wipes and/or soap and water
  - Apply antibacterial ointment to the wound
  - Cover wound with a bandage
  - Other: __________________________________________

Bumps, Bruises, Sprains, and any other type of swelling:
  - Apply ice to the wound
  - Other: __________________________________________

Additionally, I authorize the use of the following preventative care products during the course of supervised time-sharing/exchanges as needed (specify brand if you prefer a certain kind):
  - Sunscreen _________________________________________
  - Insect Repellent _______________________________________
  - Hat/Other __________________________________________

I understand that I am responsible for providing VMS with any specific or special medication or products that my child may need at the start of each visit.

____________________________________________________
Client Name/Signature/Date