

**Time Together Supervised Visitation and Exchange Center
Client Financial Information**

Client Name: _____

Parent responsible for fees: Visiting Parent Custodial Parent Split Fee

Time Together has nominal fees in a sliding scale fee structure, based upon ability to pay. All cases referred are responsible for paying some portion of the fee for service as ordered by the court.

Please complete the section below (A, B, or C) that most closely represents your employment situation:

A. Employed Clients

Financial Information (Attach Verification)

_____ I certify by my signature below that I am currently employed and:

Client's Annual Wages	\$ _____
Additional Wages	\$ _____
Total Income	\$ _____
Less Dependent Deduction	\$ (_____)
Adjusted Gross Income	\$ _____

B. Unemployed Clients

Certification of Unemployment:

_____ I certify by my signature below that I am currently unemployed and:

_____ I am receiving unemployment benefits in the amount of \$ _____.

_____ I certify that I am NOT receiving unemployment benefits due to income from:
Severance pay (\$ _____) Workman's comp (\$ _____) Other (\$ _____)

_____ I certify that I have NO source of income.

C. Self-Employed Clients

Certification of Income from Self-Employment

_____ I certify by my signature below that I am self-employed and earn approximately \$ _____ per month.

I certify the income details provided (A, B, or C) are correct and understand that my fee (using the sliding scale) has been based on this amount. If this amount should differ in the future, I will notify Time Together of the change. I understand my financial circumstances/income are subject to review on a regular basis with fee changes when applicable.

For Office Use Only

Based on the information provided above, your intake is \$ _____ **AND** your fee for supervised visitation is \$ _____ per hour **OR** your fee for monitored exchanges is \$ _____ per exchange.

Signature

Date

Witness

Title

Date