

Donna VanDall, LCSW
4870 S Lewis Ave, Suite 230
Tulsa, OK 74105
(918) 749-6935

Parent Coordinator Agreement (PLEASE PRINT)

Personal Information

Name _____ Social Security # _____

Last Name First Name Initial

Home Phone _____ Cell Phone _____

Address _____ City _____ State _____ Zip _____

Sex ___ M ___ F Age ___ Birthdate _____ Single ___ Married ___ Widowed ___ Separated ___ Divorced ___

Employed by _____ Occupation _____

Business Address _____ Business Phone _____

Have you sought previous counseling? _____

What prompted you to call at this time? _____

Whom may we thank for referring you? _____

In case of emergency whom should we notify? _____ Relationship _____ Phone _____

Family History

Fill in information about your family

Name of each Family Member, Including Step-Family	Relationship to Client	Birthdate	Place of employment/Position Or School/Grade
--	------------------------	-----------	---

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Attorney Name _____ Phone _____ Fax _____

Name of Judge _____

Guardian Ad Litum or Public Defender (if applicable) _____

I understand that the standard charge for consultation (Parent Coordinator) is \$125 per hour (50 minutes) and that payment is expected following each session. Appointments not cancelled 24 hours in advance are subject to charge since appointments consist of time especially reserved for me.

SIGNATURE: _____

DATE: _____

Donna VanDall, LCSW
4870 S Lewis Ave, Suite 230
Tulsa, OK 74105
918.749.6935
Fax: 918.749.7611

Fee Payment Agreement

This sets forth our complete agreement concerning professional services and shall become effective upon my receipt of this signed copy.

Fees are based on an hourly rate of \$125, which applies to time spent with you or others on your behalf, either in person or by telephone. Associated charges for writing reports, written communications and/or review of documents/correspondence and travel or time reserved on your behalf are charged at this same \$125 hourly rate. There may be associated long distance telephone charges, photocopying expenses, etc. as they are incurred. Court appearance for expert witness is \$125 per hour and the noted hourly rate for travel and reserved time due in advance.

Fees may be prorated for periods less than an hour as necessary.

Every reasonable effort will be made on my part to apprise you and confirm your agreement in advance of these necessary associated charges. Court appointments further delineate allocation of fees and financial obligations of the parties which may apply.

Payment is due at the time of service or in advance by mutual agreement. A statement of account may be submitted to you monthly. Any expenses advanced on your account will be due in full within TEN (10) DAYS after receipt of statement. Release of any records of reports to others will be contingent upon PAYMENT IN FULL OF ANY ACCOUNT BALANCE.

A retainer of \$300 is due at the initial Parent Coordinator appointment. A \$125 minimum retainer balance is required thereafter. You will be advised whenever your retainer balance falls below this minimum. You are responsible for payment of your total bill. All services may be suspended until balance due and the minimum \$125 retainer is paid in full. In the event you fail to pay the above-mentioned fees and expenses, you also agree to pay the reasonable costs of collection, to include reasonable attorney fees.

Your signature below indicates that you have read and understand the above information and that your consent to receive services is given. Likewise, by your signature, you indicate that you were given the opportunity to ask questions regarding the above information and have received explanation satisfactory to you.

Signature: _____

Date: _____