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Monitored Exchange Fee Schedule

Effective date: _____

This fee schedule states the exact charge for monitored exchange services and identifies the parent responsible for payment. Payment responsibility should match the court order, referral, or written service agreement.

Service Fee

Service	Rate	Unit
Monitored Exchange	\$15.00	Per exchange

Payment Responsibility

Select the payment arrangement authorized for this case. If responsibility changes, Bright Beginnings must receive updated written authorization before the new arrangement takes effect.

Case number	
Parent responsible for payment	☐ Parent 1 ☐ Parent 2 ☐ Both parents
Parent 1 name	
Parent 2 name	
If both parents are paying	Parent 1: \$_____ per exchange Parent 2: \$_____ per exchange
Payment due	☐ Before exchange ☐ At exchange ☐ Other: _____

Authorization to Begin Services

By signing below, each participant acknowledges the monitored exchange rate and payment responsibility listed above and authorizes Bright Beginnings Visitation Center to begin services.

Parent 1	Signature: _____	Date: _____
Parent 2	Signature: _____	Date: _____
Bright Beginnings staff	Signature: _____	Date: _____