5534 Gulf Drive, Suite 3
New Port Richey, FL 34652
Phone 727-842-4408
BrightBeginningsVisit@gmail.com
BrightBeginningsVisit.com

Private Family Service Agreement

Complete one agreement per participating adult. Use with the correct role-specific intake packet.

Participant and Case Information

Participant full legal name

Case number

☐ Visiting parent ☐ Custodial parent / caregiver

Child(ren)

Contact phone / email

Services and Agreement

☐ Supervised visitation ☐ Monitored exchange ☐ Virtual visit

This agreement supplements the role-specific intake packet, signed program rules, applicable court orders, and approved case instructions. It does not alter custody or parenting-time rights.

Visiting parents follow supervised-session conduct rules. Custodial parents and caregivers follow transportation, child preparation, authorized pickup, and arrival/departure requirements. Only rules relevant to the participant's role apply.

Bright Beginnings staff remain neutral, document observations objectively, and may redirect, pause, or end a visit for safety or policy compliance. Staff do not provide legal advice or guarantee outcomes.

Participants must promptly disclose new court orders, contact restrictions, and safety concerns. Visits require completion of intake and orientation and final management clearance.

Documentation and Records

Objective visit notes are securely maintained in the family chart. Routine notes are not automatically provided after each visit.

Requests for reports or records are reviewed for proper identity, consent, court authority, agency requirements, and applicable law. Lawful disclosures, subpoenas, and mandatory safety reports may be required.

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Reporting and Fees

Private-family supervised visitation: $75 per hour. One-time intake fee: $75 per parent, unless a different written arrangement applies.

Standard formal court report: $75 for a defined reporting period, when requested and authorized. Extended reports are quoted in advance. Court appearance and testimony fees are separate, subject to applicable law.

Payment arrangements and cancellation terms are governed by the signed fee policy. A fee does not override legally required records production, testimony, or mandatory reporting.

Responsible payer / agency

Fee agreement / authorization reference

Participant Acknowledgment

I have received or completed the intake packet for my role and reviewed the applicable program rules, safety instructions, and cancellation policy.

I understand the documentation, reporting, confidentiality, and fee provisions of this agreement. I understand that lawful disclosure may be required.

I had an opportunity to ask questions and understand that applicable court orders and legal requirements take precedence.

Participant signature / typed full legal name

Date

Staff witness / reviewer

Date