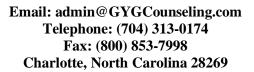


Parent/Legal Guardian (Signature)

## **Grow Yourself Great Counseling and Consulting, PLLC**





Consumer's Name:	Date of Birth:	Record #:
egal Guardian:	Insurance:	Policy #:
COURT APPEARANCES, SUBPOENAS AND EXPERT WITNESS TESTIMONY		
-Preparation: \$100.00 per hour; billed in 15-minute increments		
-Travel: \$500/day flat rate for out-of-town travel not including lodging expenses		
- <u>Time in court</u> : <b>\$200.00/hour</b>		
-Supervised Therapeutic Visitation: \$200.00/hour (includes court summary)		
I have read the above, understand and agree with the provisions and associated fees of this policy.		
Client Name (Print)	•	
Client Name (Signature)	Date	-
If the consumer has a legal guardian:		
Parent/Legal Guardian (Print)		

Date