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ASpaceforHealing.com

Kathy Vavro, Med., LSW, PC-S
A Space for Healing
8500 Station Street, 300J
Mentor, Ohio 44060

FINANCIAL AGREEMENT

Regarding: Reunification Services

Parties: _____

Fee Schedule: \$150/hour

Services: Email, Our Family Wizard, and phone communication with all parties and related providers (attorneys, GAL, therapists, school), review of documents, preparation of reports face-to-face sessions including intake appointments

Payment: This is a pay as you go service. A \$1,000 Retainer is required. Initial payments for any/all services to be deducted from retainer. When retainer is depleted, clients will pay one month in advance for estimated services. Monthly statement to be provided upon request.

Court ordered payment responsibility: _____

Signature: _____ **Date:** _____

_____ **Date:** _____

Kathy Vavro _____ **Date:** _____