



SUPERVISED CHILD EXCHANGE AGREEMENT

AGREEMENT

ICU Investigations, LLC agrees to perform child exchange services for

_____ and _____

Child(ren's) Names/Ages _____

Location of exchange _____ Time _____

GUIDELINES

We will attend and supervise the exchange of children from 1 parent to the other. We are happy to arrange the exchange and tend the children for up to 15 minutes so you can leave the scene and avoid the other parent.

PAYMENT AGREEMENT

\$95.00 per exchange: The fee includes 1 exchange at 1 address. Additional fees may be charged if the total time for the supervisor exceeds 1/2 hour.

Fees are payable in full prior to time of service.

Payment By Credit Card

Check if payment is made by 3rd party.

(client agrees to pay an additional 3.5% credit card use fee)

Name on Credit Card _____

Credit Card Number _____

Expiration Date _____ CCV# _____

Billing Address _____ City _____ State _____

Zip Code _____

Phone _____ Email _____

Cardholder hereby authorizes ICU Investigations, LLC to charge the above listed credit card for fees and services related to Supervised Child Exchange and in accordance with this agreement and shall be kept on file and used for any missed appointments or outstanding balances due.

Cardholder Signature _____ Date _____

I, _____, decline to provide credit card information and instead choose to remit \$190.00 refundable retainer and will remit payment in advance for agreed child exchange fees by cash, check or making payment by credit/debit card or PayPal at this link: <https://www.processserverutah.com/remittance>

Signature _____ Date _____