

FAMILY FOCUSED



# GARIN DOUGLAS VICK, PSY.D.

## CLINICAL & FORENSIC PSYCHOLOGY

In accordance with **Rule 15 (July, 2014)**, as a court qualified parenting coordinator, I am required to provide you with an advance written explanation of my fees and costs prior to commencement of the PC process and provide you with a written notice of any changes in fees during the PC process.

My fee for Parenting Coordination services is two hundred dollars (**\$200.00**) per hour, payable via cash, check, cashiers check, or credit card. Time is billed per 15-minute increment. This rate shall apply to my time involved in all sessions, phone calls, interviews and discussions with collateral contacts, reading and writing of any pertinent documentations or emails, participating in case conferences, preparation of parenting plans, preparation of reports and recommendations, any required collection action or related litigation, and any and all other time spent on your behalf. As such, a retainer of **\$2000.00** or a signed credit card authorization form is required before this process is begun.

This deposit can be paid by including a check with this signed agreement, by calling my office and making a credit card payment, or by personally delivering a cash deposit to my office. As more time is required, you agree to pay an additional retainer upon request. Any unused portion of any retainer shall be returned upon completion of my services as a Parenting Coordinator, or after six (6) months with no required sessions. You will be supplied an accounting of hours accrued monthly or upon request.

Cancellation Policy: During the course of this process, time will be coordinated with and reserved for you, or on your behalf. My full hourly fee of **\$200.00/hour** will be charged for all appointments that are not cancelled or rescheduled at least 24 hours in advance. If we schedule a two-hour session, you will be charged for both hours at a rate of **\$400.00**. This includes missed office visits, phone appointments and interviews scheduled with you, with

1463 Oakfield Drive, #136 Brandon, FL 33511 (813) 689-2525 / (813) 689-4433 fax  
[Drgvick@gmail.com](mailto:Drgvick@gmail.com) / [www.Drgvick.com](http://www.Drgvick.com)



FAMILY FOCUSED



# GARIN DOUGLAS VICK, PSY.D.

## CLINICAL & FORENSIC PSYCHOLOGY

collateral contacts, or on your behalf, barring unforeseen and documentable emergencies.

Court Appearances and Records: Appearance in court on any Parenting Coordination case involves your permission to testify, OR the court's permission to allow my testimony. If requested by the court, or if I myself request to testify for any reason, you agree to pay my standard fee of **\$350.00/hour** at the percentage ordered by the court, for any and all time expended in preparation, travel, or testimony. In the event that I serve as a witness, expert witness or any other role in any litigation or hearing or other legal proceeding, you agree to pay my standard fee of **\$350.00/hour** for any time expended in such testimony. This includes preparation time, travel, testimony time, or time waiting to testify, whether or not my testimony is actually taken. You agree not to request or subpoena for any reason and of my personal notes, interview summaries, records, drafts, or any documents used in the course of a Parenting Coordination process.

Should any signatory of this agreement seek to compel me to provide information in a court proceeding or elsewhere, you agree in advance that this person will compensate me, at the rate of **\$350.00/hour**, for any and all time expended in response to this request for release or subpoena of information, including preparation and court time, document review and phone calls, all travel time (portal to portal), all time expended invoicing, correspondence, etc...plus the cost of all legal services which I may employ to defend the integrity of this process. If requested to testify by the court or any party to this Parenting Coordination process, you authorize me to testify to the court regarding any and all specifics witness or any other role in any litigation or hearing or other legal proceeding, you agree to pay my standard fee of **\$350.00/hour** for any time expended in such testimony. This includes preparation time, travel, testimony time, or time waiting to testify, whether or not my testimony is actually taken. You agree not to request or subpoena for

1463 Oakfield Drive, #136 Brandon, FL 33511 (813) 689-2525 / (813) 689-4433 fax  
[Drgvick@gmail.com](mailto:Drgvick@gmail.com) / [www.Drgvick.com](http://www.Drgvick.com)



FAMILY FOCUSED



# GARIN DOUGLAS VICK, PSY.D.

---

## CLINICAL & FORENSIC PSYCHOLOGY

any reason and of my personal notes, interview summaries, records, drafts, or any documents used in the course of a Parenting Coordination process.

If this is your understanding, please print and sign your name in the spaces indicated below. You may include a personal or cashier check, or call my office to make a credit card payment or other arrangements. With your signed agreement and submission of [your portion of] the refundable retainer of **\$2000.00**, this case will officially begin. I look forward to meeting you and working with you in the best interests of your child(ren).

---

Print Name

---

Signature

---

Date

1463 Oakfield Drive, #136 Brandon, FL 33511 (813) 689-2525 / (813) 689-4433 fax  
[Drgvick@gmail.com](mailto:Drgvick@gmail.com) / [www.Drgvick.com](http://www.Drgvick.com)

