

Charles F. McGowen, MSW, LSW  
4870 S Lewis Ave, Suite 230  
Tulsa, OK 74105  
(918) 749-6935

## Parent Coordinator Agreement (PLEASE PRINT)

### Personal Information

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last Name First Name Initial

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Sex \_\_\_ M \_\_\_ F Age \_\_\_ Birthdate \_\_\_\_\_ Single \_\_\_ Married \_\_\_ Widowed \_\_\_ Separated \_\_\_ Divorced \_\_\_

Employed by \_\_\_\_\_ Occupation \_\_\_\_\_

Business Address \_\_\_\_\_ Business Phone \_\_\_\_\_

Have you sought previous counseling or been assigned a P/C? \_\_\_\_\_

Attorney Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Name of Judge \_\_\_\_\_

Guardian Ad Litem or Public Defender (if applicable) \_\_\_\_\_

In case of emergency whom should we notify? \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

### Family History

Fill in information about your family

Name of each Family Member, Including Step-Family	Relationship to Client	Birthdate	Place of employment/Position Or School/Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I understand that the standard charge for consultation (Parent Coordinator) is \$150 per hour (50 minutes) and that payment is expected following each session. Appointments not cancelled 24 hours in advance are subject to charge since appointments consist of time especially reserved for me.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

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### Fee Payment Agreement

This sets forth our complete agreement concerning professional services and shall become effective upon my receipt of this signed copy.

Fees are based on an hourly rate of \$150, which applies to time spent with you or others on your behalf, either in person or by telephone. Associated charges for writing reports, written communications and/or review of documents/correspondence and travel or time reserved on your behalf are charged at this same \$150 hourly rate. There may be associated long distance telephone charges, photocopying expenses, etc. as they are incurred. Court appearance for expert witness is \$150 per hour and the noted hourly rate for travel, preparation for trial, and reserved time is due in advance, per the P/C Order

Mr. McGowen will require advance payment for any days required for trial testimony. If the trial is continued, settled out of Court, or otherwise delayed, or Mr. McGowen does not testify as scheduled, the retainer will be fully refunded, less fees for preparation time, when notice is received at least five (5) working days prior to the trial. Fifty (50) percent of the "retainer less the fees for preparation time" will be refunded when notice is received at least three (3) working days prior to the scheduled trial. Twenty (20) percent of the "retainer less the fees for preparation time" will be refunded if notice is received less than two (2) working days prior to trial.

Fees may be prorated for periods less than an hour as necessary.

Every reasonable effort will be made on my part to apprise you and confirm your agreement in advance of these necessary associated charges. Court appointments further delineate allocation of fees and financial obligations of the parties which may apply.

Payment is due at the time of service or in advance by mutual agreement. A statement of account may be submitted to you monthly. Any expenses advanced on your account will be due in full within TEN (10) DAYS after receipt of statement. Release of any records of reports to others will be contingent upon PAYMENT IN FULL OF ANY ACCOUNT BALANCE.

A retainer of \$300 is due at the initial Parent Coordinator appointment. A \$150 minimum retainer balance is required thereafter. You will be advised whenever your retainer balance falls below this minimum. You are responsible for payment of your total bill. All services may be suspended until balance due and the minimum \$150 retainer is paid in full. When additional fees are charged, payment of outstanding fees will be paid within 30 days of the date of the billing. If payment is not made within the specified time frame, Mr. McGowen reserves the right to charge interest at Prime Rate or to authorize the services of a collection agency or an attorney. All reasonable costs associated with their collection efforts shall be added to the attorney's bill.

All payments to Mr. McGowen are for the provision of expert services and are NOT contingent upon providing particular opinions or upon a particular outcome in the case.

We understand that any and all information relevant to your case will be subject to full disclosure and in compliance with the Orders of the Court.

Further, we understand that information and records otherwise confidential and/or oral testimony must be provided in the event of a subpoena or a Court Order demanding it. Also, in litigation or official proceedings, information and any materials in my file about your case and/or testimony may be disclosed.

Your signature below indicates that you have read and understand the above information and that your consent to receive services is given. Likewise, by your signature, you indicate that you were given the opportunity to ask questions regarding the above information and have received explanation satisfactory to you.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_