

Cher L. King, Ph.D., PC
Licensed Psychologist

Child and Family
Evaluations and Therapy

Appointments 801-726-7772

Fax 435-734-1600

Mailing address
P. O. Box 102
Willard, UT 84340

Office address
3544 Lincoln Ave., Ste. C
Ogden, UT 84401

CHILD CUSTODY AND PARENT TIME EVALUATION FEE SCHEDULE

Fees listed below include the cost of the evaluation and presentation at the Settlement Conference. Fees must be paid in full before the evaluation will be started.

Fees are based on the number of persons to be evaluated. This is determined by information provided on the *Adult Questionnaire A*. Refer to the *Custody Evaluation Informed Consent Form* for further discussion about who should be included.

\$1,750	For each parent or other party seeking custody.
1,000	For each stepparent, partner, or significant other who resides in the home full time or part time.
1,000	For each child who is the subject of the evaluation.
500	For each child who is not the subject of the evaluation but who resides in the home full time or part time.
500	For each adult age 18 and older who resides in the home full time or part time, such as a grandparent or adult child, unless that adult has significant responsibilities for child rearing such that a more extensive evaluation is warranted, in which case the \$750 fee may apply. Does not include adults who tend the children but do not reside in the home.

Certain fees may be reduced depending on circumstances such as the age of a child or the nature of the relationship between the person in question and the family. After the evaluation is initiated, if it becomes apparent there are other adults or children who should be evaluated but were not identified prior to the evaluation, the cost for evaluating those additional persons will be added to the cost of the evaluation.

Time spent reviewing relevant documents, e.g., prior motions, affidavits, and orders, is included in the cost of the evaluation. Additional fees will be charged at the rate of \$150 per hour for review of documents or material judged to be in excess of the amount or type typically reviewed.

Following the Settlement Conference, if a written report is requested, the cost will be an additional 30% of the total cost of the evaluation. This fee must be paid before the report will be started.

Fees for court or other subpoenaed appearances (other than the Settlement Conference) will be \$750 per half day (3.5 hours), and \$150 per hour for each hour after 3.5 hours, regardless of whether time is spent testifying or waiting to testify. There will be a minimum charge of \$750 for any subpoenaed appearance. This minimum must be paid prior to the appearance.

When one party resides more than 50 miles from Dr. King’s office, travel costs when making the home visit include 50.0 cents per mile and/or the actual cost of round trip airfare and rental car when necessary, plus actual cost of lodging. There is no charge for the first 100 round trip miles driven. There is no travel time charge for the first two hours. Fees for travel time after the first two hours is \$75 per hour, up to a maximum of \$500 per 24 hour period. Travel time includes all time spent by Dr. King away from her office/home in order to conduct the home visit.

Any additional fees must be paid before the evaluation will be considered complete.

Unless otherwise ordered or agreed, when costs are to be shared “equally,” the costs for evaluating the primary adult parties, e.g., the parents/guardians, and the children who are the subject of the custody evaluation, are divided equally. The costs for additional adults and children are the responsibility of the party with whom these individuals reside or maintain a relationship. The costs associated with travel as described above are the responsibility of the person being visited. The costs associated with review of additional documents or material are the responsibility of the person submitting the documents or material for review.

The Court will rule or the parties will agree how responsibility for payment is assigned. Your signature below indicates you have read and understood to your satisfaction the fee schedule and how additional fees might accrue. It further indicates you agree to pay your portion as ordered or agreed. You must provide a copy of the signed court order or a notarized agreement that states your legally binding responsibility for payment.

Printed Name

Signature

Date

07/09