



# The Toby Center

For Family Transitions

## Joint Agreement between parties

\_\_\_\_\_  
Mother

\_\_\_\_\_  
Father

The Parties \_\_\_\_\_ and \_\_\_\_\_ agree to the following:

1. The visiting parent's Supervised Time Sharing will take place the following days and lengths of time.

Day _____	Length of time _____
Day _____	Length of time _____
Day _____	Length of time _____
Day _____	Length of time _____
Day _____	Length of time _____

2. Who will be responsible for the Intake fee of \$90 per party, to be paid in advance? \_\_\_\_\_

3. Who is responsible for the hourly fees for the Supervised Visits, to be paid in advance? \_\_\_\_\_

4. Payments and Fees associated with Time Sharing at The Toby Center shall be paid no less than 24 hours prior to the scheduled session or intake.

5. Both Parties will comply with all Toby Center rules and policies as outlined in the Intake Contract.

6. Are Off-site visits allowed? YES / NO {off-site visits are held at a family/child friendly location, weather permitting. Ex. Park, playground, zoo, amusement park or restaurant}

7. \_\_\_\_\_  
\_\_\_\_\_

8. \_\_\_\_\_  
\_\_\_\_\_

## Joint Agreement between parties

\_\_\_\_\_  
Mother (print)

\_\_\_\_\_  
Father (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Notary

\_\_\_\_\_  
Notary

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Stamp

\_\_\_\_\_  
Stamp