FAMILY AND FINANCIAL THERAPY OF FLORIDA

4055 NW 43rd Avenue Suite 21 Gainesville, Florida 32606

Responsible Party

Info@FamilyandFinancialTherapy.com 352-641-0239

Client Name:	DOB:	
Address:		
Home Phone:	Work Phone:	Cell:
E-mail Address:		
Person Responsible for	fees:	
Address/Phone/Email o above):	f (if different from	
	e session is	
For other services that conferences, writing rep	ports, meeting with other professiond for court related issues (e.g. depo	es if necessary. ent telephone consultations, attending school nals on your behalf) the fee is \$120/hour. If esitions, courtroom testimony, travel time),
info@FamilyandFinancia least 24 hours before th		at 352-641-0239. If notification is received at will be charged. However, you will be charged
		having a credit card kept on file to be provide the following information:
Full Name (as it appears	on the card)	
Card number		
Expiration date	Se	curity code
	atically for all therapy sessions as v	amily and Financial Therapy of Florida LLC to well as any missed sessions not canceled at
account. I understand th		uarantee payment of all charges against this v. I understand that outstanding balances over ncy.