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Court Testimony Reimbursement Agreement

Patient Name: _____ DOB: ___ / ___ / ____

Address: _____

Phone Number: (____) _____

As a matter of general policy, our counselors do not testify in custody or other legal matters. If our counselors are subpoenaed to court to testify regarding your treatment, you are responsible for our counselors' fees for time out of office for travel and court proceedings. Legal consultation, report writing, correspondence, and telephone contact for legal action are billed at \$450 per hour. Payment in full is required prior to releasing letters and reports in legal matters.

If called to testify in court, the fees are as follows:

- \$450 per hour for court preparation, including conversations with attorneys, research, and report preparation
- \$450 per hour with a 4-hour minimum (\$1,800 retainer due at time of subpoena) within a 40-mile radius
- \$450 per hour with a 8- hour minimum (\$3,600 retainer due at time of subpoena) beyond a 40-mile radius
- Mileage charges at the standard IRS rate
- Overnight lodging, if necessary

My signature acknowledges that I fully understand and agree with the terms and conditions stated above.

Patient Signature: _____ Date: ___ / ___ / ____