

**PARENTAL PAYMENT AGREEMENT**

Child's Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

Based on the information that your current gross income is \$ \_\_\_\_\_, we have assessed your parental payment as \_\_\_\_\_ per month for \_\_\_\_\_ months.

**CHECK which method of payment you prefer from the list below. If your economic circumstances change, you may ask to change the method or amount of payment by contacting the CSA office at (540) 422-8409. Checks should be made payable to "CSA / Fauquier County DSS" and mailed to CSA/ Fauquier County DSS, 320 Hospital Drive, Suite 11, Warrenton, VA 20186.**

**LUMP SUM – I agree to pay the full amount owed in one payment. I will make this payment on \_\_\_\_\_.**

**INSTALLMENTS – I agree to pay \$ \_\_\_\_\_ each month until the full amount owed is paid. I will begin paying on \_\_\_\_\_ and will make each monthly payment by the \_\_\_\_\_ of each month.**

**IT IS ESSENTIAL THAT THE PARENT(S) AND/OR GUARDIAN(S) NAMED HEREIN COOPERATE WITH THE FINANCIAL PROCESS. FAILURE OF THE PARENT(S) AND/OR GUARDIAN(S) TO COOPERATE WITH THE FINANCIAL PROCESS AND/OR TO ABIDE BY THE TERMS OF THIS AGREEMENT IS CAUSE FOR CSA, IN ITS SOLE DISCRETION, TO DENY, SUSPEND, AND/OR TERMINATE SERVICES. HOWEVER, NO PERSON WILL BE DENIED SERVICES DUE TO AN INABILITY TO PAY.**

By signing this agreement, I (we), \_\_\_\_\_ hereby agree to cooperate with the financial process and to pay the parental co-pay contribution fee calculated above as the parental/guardian contribution while the above-named child is receiving services. By signing this agreement I (we) hereby acknowledge my (our) obligation to make payments according to the schedule above. I (we) acknowledge that I (we) am (are) obligated to notify the CSA office *in writing* twenty-four hours prior to the date payment is due if I (we) am (are) unable to make the payment on time.

I (we) realize that my (our) contribution level may be reassessed if my (our) family finances change and/or if the need for services changes. I (we) certify that the above information is a true and accurate statement of the financial status and composition of my (our) household. I (we) agree to notify the CSA Office of any changes regarding the employment status recorded in this agreement within 10 business days of such change occurring.

Parent/Guardian name: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date \_\_\_\_\_

CSA Staff name: \_\_\_\_\_

CSA Staff Signature: \_\_\_\_\_ Date \_\_\_\_\_

Title/Phone # \_\_\_\_\_ / \_\_\_\_\_

**Approved as to form and legal sufficiency:**

\_\_\_\_\_  
Tracy A. Gallehr  
Fauquier County Deputy County Attorney