



Hope Visitation & Exchange Center

1132 West Market Street

Lima, OH 45805 Ph. 419-221-2118 Fax. 419-221-3932

Contract

I, _____, agree to abide by all rules and regulations of Hope Visitation and Exchange Center. I agree to pick up/drop off my child as follows:

I will pay all fees as follow:

Intake Fee: _____

Others: _____

I understand that I must comply with all court orders or may be held in contempt of court. Also, I must uphold all rules of Hope Visitation and Exchange Center or my visits may be terminated there.

Signature

Date

Staff Signature

Date

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