

# **VOICE OF THE CHILD REPORT** **FINANCIAL UNDERTAKING – FULL COST**

(Please note – we accept VISA, MasterCard and Debit)

Name of Counsel: \_\_\_\_\_

TO: Kawartha Family Court Assessment Service  
349A George St. N., Suite 205  
Peterborough, ON  
K9H 3P9

RE: \_\_\_\_\_

\_\_\_\_\_ has agreed to participate in a Voice Of The Child report by  
(Name of Party)  
Kawartha Family Court Assessment Service.

I agree to undertake the **full cost** of this report at a minimum cost of **\$1,800.00**, based on the involvement of 1 child. (Please see below for additional fees).

I agree to pay the full amount owing upon arrival to my first interview appointment.

- ❖ Additional referred children are an additional **\$500.00** each.
- ❖ Please note: Unexcused missed/cancelled appointments will result in additional costs.

(Signature of Party) \_\_\_\_\_

(Date) \_\_\_\_\_