

Life Line Counseling

Financial Leave Agreement

I, _____ Case# _____ hereby agree that I will attend group weekly. I also agree that during the next _____ weeks, I will **NOT** be receiving credit for any groups attended. Thus, my total number of completed groups will **REMAIN** the same. I accept this agreement in arrangement for a suspension of all fees. During the next _____ weeks, I will not accumulate any additional fees. I will be allowed to attend group, participate, but I will not be paying for group due to my current financial status. As such, I will not receive credit for these groups. By signing this agreement, I agree to waive any legal rights to claim the groups I attended, but did not pay for.

Should I need an additional financial leave time, I agree let my facilitator know two weeks prior to the termination of this leave agreement.

I will begin paying for my class on: _____
(date)

Signed

Witnessed

Date

Date