



Sustainable Recovery Inc.

Intervention. Transport. Recovery Management. Reintegration.

Intervention & Case Management Agreement

Responsible Party: _____ Start Date: _____

Email Address: _____ Identified Loved One: _____

Primary Interventionist: Timothy Harrington

Fee: \$12,000

Includes: Primary Interventionist, supervised transportation to treatment facility, and 1 year of case management services for you or your Identified Loved One. Client is responsible for all travel expenses of Primary interventionist. Milage is billed at \$0.55/mile. Receipts will be furnished for all other travel expenses.

Payment Authorization

Circle Payment Type: Visa MC

Cardholder Name: _____

Card Number: _____ EXP Date: _____ Sec Code: _____

Billing Address: _____

Make checks payable to: Sustainable Recovery, 345 Colorado Ave, Suite 201 Carbondale, CO 81623
Wire transfer to: Alpine Bank, 137 Midland Ave., Basalt, CO 81621, (970) 927-3101 Transit #
102103407 Acct #: 4040076155

Total fees: \$ 12,000 (4000 in December, then 1,000 the 15th of each month until August 2015)

x _____
Signature Printed Name

Date signed: _____