



### MEDIATION

- Couples/Marital Problem-Solving
- Family
- Parent-Teen/Child
- Sibling
- Couple Dissolution

### FAMILY ADVOCACY

- Parenting Plans
- GAL
- Parenting Evaluations
- Post-Decree Parent Coordination

### FAMILY CONSULTANT

- On Parenting
- On Developmental Stages
- On Adolescence
- On Newborns
- On Early Childhood
- Teen Talks
- High-Conflict Co-Parenting

### RELATIONAL ADVISING

- Intimacy & Sex Consulting



# FAMILY ADVOCACY CLIENT INTAKE FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Primary phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Profession: \_\_\_\_\_ Employer: \_\_\_\_\_

Level of education: ☐ High School ☐ AA ☐ BA/BS ☐ Master's ☐ Ph.D.+

Hobbies and/or interests: \_\_\_\_\_

Preferred method of consultation (please circle):

☐ In-office ☐ Phone ☐ Video Conference (Skype/FaceTime) ☐ Other Location

What type of matter are seeking help with? (please list all that apply):

☐ Marital Mediation ☐ Family Mediation ☐ Parent-Child Mediation  
☐ Parenting ☐ Dissolution Mediation ☐ Parenting Plan ☐ GAL ☐ Other

What type of day works best to meet?

☐ Morning ☐ Afternoon ☐ Evening ☐ Flexible/Other:

What is the presenting issue that led you to D-I-V Design Agency?

How many children do you have and what are their ages?

If you have a partner, do they know you are seeking Family Services consultation?

☐ Yes ☐ No

Would you like them to join you? ☐ Yes ☐ No

What are your goals with our work together?

How long have you been married or partnered? How many previous marriages/partnerships?

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What is working in your relational life right now?

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What is the biggest issue facing your family life?

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If you are going through a dissolution, what is the status? ☐ Separated ☐ Legally Separated  
☐ Filed ☐ Decided, but no action taken/still living together

If you have filed for legal separation and/or divorce, when and in what county did that occur?

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Are there any police reports or No Contact or Restraining Orders in place, or claims of Domestic Violence, sexual abuse, physical abuse, or emotional abuse or neglect of a child in this matter? Explain.

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How would you rate your knowledge of your personal and marital financial affairs?

☐ Expert ☐ Very ☐ Somewhat (I skim the numbers before I sign tax documents and balance our checkbook every month) ☐ So-So (I just sign the tax returns, but there's always money in my bank account) ☐ None

How would you describe your current economic landscape?

☐ Well-off ☐ Comfortable ☐ Tight Budget ☐ Paycheck to paycheck ☐ None

What would you like our work together to help you resolve?

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Are you currently working with an attorney? ☐ Yes ☐ No

Are you currently working with a therapist? ☐ Yes ☐ No

Do they know you seek Family Advocacy Services? ☐ Yes ☐ No ☐ Don't Know



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### RELATIONAL ADVISING

- Intimacy & Sex Consulting

## WORKING RELATIONSHIP AGREEMENT

I commit to our consultant/client relationship as a space where understanding, mutual trust, emotional safety and support are enhanced and encouraged. The role of the Family Advocate is in service to the Client and our work is Client-centered and family-based. The Family Advocate is not a legal guide, nor trained or licensed to give legal advice. The Family Advocate is trained in family systems, the sociology of the family, human development, developmental psychology, guardian ad litem services that represent the developmental best interests of children (including educational, social dynamics, and within the family system), trauma, brain development, and transcendental meditation and Somatic embodiment, but is not a licensed mental health counselor.

The Client may be an individual, couple, parent-child, or whole family. Any person partaking in services with The D-I-V Design Agency will be, for purposes of this Working Agreement, considered the "Client" and must initial all agreements below and sign this document. The success of the Family Advocacy relationship depends on the Client's willingness to take risks and try new approaches, as well as the necessity of the Client taking pro-active steps (legally and financially) to review working documents before signing agreements, such as in the case of marital dissolution, the division of assets, and any other legally binding documents produced while D-I-V Design Agency, LLC is under contract with the Client to provide conflict-reduction, conflict-resolution, family mediation, GAL services, parenting evaluation services, parenting plan writing, or any other type of Family Advocacy.

The relationship is designed to be direct, sometimes challenging, but ultimately transformational. You can count on the Family Advocate to be honest and straightforward, vulnerable, and discerning, as well as to not over-represent the abilities or limitations within the role. It is also important to acknowledge that the working relationship between Consultant and Client is a professional one. While it may often feel like a close personal relationship, it is not one that can extend beyond professional boundaries both during and after our work together. The Family Advocacy role is firmly committed to your success in your personal and inter-family dynamics. Therefore, please read each question and initial below. (Please note: any party who will participating in Family Advocacy services and is of age to independently consent to services must initial.)

1. \_\_\_\_\_ I am committed to creating a successful alliance with Amy Baker/D-I-V Design Agency to support me in reaching my personal and familial relational goals as outlined in the Financial Agreement.
2. \_\_\_\_\_ I agree to take responsibility for my own choices, decisions and actions throughout the Family Advocacy consulting relationship.
3. \_\_\_\_\_ I agree to allow my Family Advocate to hold me accountable when I am distracted from my goals.
4. \_\_\_\_\_ I agree to give my Family Advocate permission to challenge me and to use inquiry to keep me focused and open to new possibilities.
5. \_\_\_\_\_ I agree to be honest and straightforward with myself and my Family Advocate concerning those issues blocking me from moving forward in the process.
6. \_\_\_\_\_ I agree to work with my Family Advocate to clarify what I want to accomplish, and set goals and put action plans into practice.
7. \_\_\_\_\_ I agree to approach my consulting sessions mentally and emotionally prepared and free of the influence of any mood or mind-altering substance.



8. \_\_\_\_\_ I agree to take part in my consulting session in a distraction-free and quiet place for the duration of the session if not in the D-I-V office.
9. \_\_\_\_\_ I agree that I will not engage in a phone session while I am driving, at work, or otherwise similarly occupied.
10. \_\_\_\_\_ I agree that responsibility and accountability for my mental, emotional, and physical health, including my choices, goals and decisions, as well as my evaluation of such, are solely mine and not that of my Family Advocate.
11. \_\_\_\_\_ I agree to be honest with my Family Advocate and myself in evaluating and reporting my progress or difficulties between sessions, and that I will accurately report my personal efforts to my Family Advocate.
12. \_\_\_\_\_ I understand that while my Family Advocate is committed to making the best possible effort to achieving our mutually agreed upon goals, neither my Family Advocate nor D-I-V Design Agency, LLC is able to guarantee the outcome in any way.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Signature

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Date

\_\_\_\_\_  
Client Name

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Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
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Signature

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Date

\_\_\_\_\_  
Client Name



# FINANCIAL AGREEMENT

AMY M. BAKER

mediator & family advocate

## MEDIATION

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## RELATIONAL ADVISING

- Intimacy & Sex Consulting

I hereby enter into agreement with Amy M. Baker (as D-I-V Design Agency, LLC) for:

- ☐ Marital Mediation ☐ Family Mediation ☐ Parent-Child Mediation
- ☐ Parenting ☐ Dissolution Mediation ☐ Parenting Plan ☐ GAL ☐ Other

## AGREEMENTS

I understand that I will be charged at a rate of \$225 per hour for all consultation time used by Amy M. Baker, D-I-V Design Agency, (DDA, including telephone consultation, research requested of DDA by the Client, e-mails, and authorized third-party communiques. The cost of mediation is quoted on our website and in the Fee Schedule & Price Sheet.

I understand that I must make arrangements for a retainer for some D-I-V Design Agency services, such as GAL services, ongoing liaisons to prepare for marital dissolution, parenting evaluations, and parenting consulting. The retainer for GAL and parenting evaluation services is \$4500, or the amount listed on our website and current Fee Schedule & Price Sheet.

I understand I will not be billed or invoiced for services, though if I have submitted a retainer, a monthly spreadsheet with my account balance will be sent to me. I understand that once my retainer is reduced to 4 hours of service left, I will be required to add funds to my escrow account with D-I-V Design Agency, LLC.

Payment is due one week prior to mediation. If utilizing ongoing family mediation or parent-child mediative services, payment is due at the beginning of each session. I understand that if I am utilizing ongoing consultation for a dissolution or GAL matter, a retainer will be kept in an escrow account for the Client.

Sessions will begin promptly at the scheduled start time and finish at the scheduled end time. Additional time is pro-rated in 15-minute increments and must be paid at time of service. The fee for each practice session is pre-paid and is non-refundable if less than 48 hours notice is given to re-schedule.

Payment may be made by Venmo, Chase QuickPay, Square Cash, cash, or check. I agree to pay a processing fee of 3.5% when paying by credit card or PayPal.

Payment for required ADA-compliant interpreters is absorbed by DDA.

I agree to pay a 3.5% credit card processing fee if I choose to use a credit card.

Checks returned for NSF will incur a \$75 returned check fee by D-I-V Design Agency. I agree to pay this fee.

I understand that failure to pay a NSF fee or an unpaid session due to inadequate cancellation notice or no-show will result in termination of services and the charge being sent to a collection agency. I further agree that if D-I-V is required to initiate legal proceedings to collect any of the fee, they shall be entitled to reimbursement for reasonable attorney's fees, costs, and 1.5% interest compounded monthly from the date payment is due. I further agree that, should collection proceedings be necessary, the matter shall be filed in King County, Washington.

I have read and received a copy of the D-I-V Design Agency Agreements and agree to pay on or before services received at D-I-V.

I agree to read and abide by the Cancellation policy\*.

I understand and agree that this agreement may be terminated by Client or D-I-V Design Agency, LLC or Amy M. Baker at will.

I agree that, should I have a dispute with D-I-V Design Agency, LLC or Amy M. Baker, we will utilize facilitative alternative dispute resolution to resolve the matter.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_\_\_\_.

Signature

Signature

Client Name

Client Name



THE D-I-V DESIGN AGENCY, LLC  
mediation & family advocacy

2812 S. JACKSON STREET  
DIVDESIGNAGENCY@GMAIL.COM

SEATTLE, WASHINGTON 98144  
206/753.8676

www.divdesignagency.com

## THE BOUNDARIES OF OUR WORK AGREEMENT

While there are some similarities between Family Advocacy and therapy or legal services, they are different activities. Legal professionals provide legal counsel and their practices, advice, and ethics, and fees are governed by their state and local bar associations. Psychotherapy is a health care service and practitioners are required by state law to hold an advanced clinical degree, as well as legal licenses governed by a board or boards of the state, and is often reimbursable through health insurance policies. This is not true for the practice of Family Advocacy. Therapy and mental health counseling are focused on diagnosis and treatment of organic disorder and generally consider past events or experiences, and the legal system is generally focused on penalizing criminal wrongdoing or moving through the experience of dissolution on a "looking forward" basis.

The Family Advocacy services of The D-I-V Design Agency do not necessitate or involve in any way the identification or diagnosis of any disorder, does not dispense legal aid or advice, and is focused on education and empowerment for the Client in understanding their own family system, their own accountability, and to identify their wants and their needs, as well as those of their children's, moving forward. It is not designed to be punitive, from the Family Advocate's stance, nor to promote a punitive mindset in the mind of the Client. This allows the Family Advocate to offer clients a more specific and accurate picture of the present in order to improve the future.

While Family Advocacy utilizes tools from sociology and developmental psychology, such as knowledge of development, human behavior, motivation, behavioral change, and interactive techniques, your Family Advocate is not a counselor, therapist, or attorney. Family Advocacy is a strong, supportive, and collaborative partnership between practitioner and client, in order to advance the client's personal goals and facilitate conflict-reduction, resolution, and ease. While the Family Advocate is not therapist, clients often find the process and/or results to be therapeutic.

Your Family Advocate is NOT a counselor, therapist, or attorney, and Family Advocacy services DO NOT and CAN NOT take the place of qualified mental health or legal services when they are needed. Therefore:

1. \_\_\_\_\_ I understand that Family Advocacy does not involve the diagnosis or treatment of mental disorders as defined by the American Psychiatric Association and is not a substitute for psychotherapy, psychoanalysis, mental health care or substance abuse treatment. I will not use Family Advocacy in place of any form of diagnosis, treatment or therapy.
2. \_\_\_\_\_ I understand that Family Advocacy does not include legal advice and that no legal advice may be given or implied and is not a substitute as legal counsel or instruction. I will not use Family Advocacy in place of any form of legal advice and will retain an attorney to review any legal documentation I may wish to sign.
3. \_\_\_\_\_ I agree to tell my Family Advocate if I am working with an attorney, therapist or other professional, as this information will assist my Family Advocate in understanding my current situation.
3. \_\_\_\_\_ If I am currently in litigation and have retained counsel, I agree to inform this person of my consultation and entrance into contract with my Family Advocate as defined in this agreement.
4. \_\_\_\_\_ I will continue seeing my regular therapist (if applicable) and taking all current medications as prescribed (if applicable) throughout the retainment of my Family Advocate.
5. \_\_\_\_\_ I understand that my Family Advocate is not qualified to provide legal, medical, financial, business or religious advice, and agree not to attempt to use my Family Advocate as a substitute for an independent qualified legal, medical, financial, business, or religious professional.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_\_\_\_.

Signature

Date

Client Name

Client Name





AMY M. BAKER  
*mediator & family advocate*

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## RELEASE AND HOLD HARMLESS AGREEMENT

IN ACCORDANCE WITH THE WASHINGTON STATE STATUTE  
R.C.W.4.24.530

The undersigned is aware that participation in third party tutoring, coaching, consulting or mediation services has inherent risks and hazards including but not limited to physical or emotional injury, relational damage or financial loss of the participant, family members or persons otherwise involved. I, the undersigned, freely and fully assume all such risks, dangers, and hazards and the possibility of personal emotional or physical injury, death, financial or property damage or loss resulting from such risks, dangers and hazards. I, the undersigned, also assume above risks, dangers, hazards and possibilities for my minor child(ren) and ward(s) in my care.

I HEREBY AGREE AS FOLLOWS:

1. TO ASSUME AND ACCEPT ALL RISKS, DANGERS AND HAZARDS in connection with my use or my minor child(ren)'s use of somatic practice, tutoring, coaching, consulting or mediation services.

2. TO WAIVE ANY AND ALL CLAIMS that I may have against D-I-V Design Agency, LLC and/or Amy M. Baker as a result of my use or my minor child(ren)'s use of somatic practice, tutoring, coaching, consulting or mediation services.

3. TO RELEASE D-I-V Design Agency, LLC and/or Amy M. Baker from all liability, rights of action or causes of action arising out of contract, tort or otherwise for any loss, damage, injury or expense that I, my minor child(ren), my next of kin, or my ward(s) as a result of use of Somatic practice, tutoring, coaching, consulting or mediation services.

4. THE UNDERSIGNED AGREES TO HOLD HARMLESS AND INDEMNIFY D-I-V Design Agency, LLC and/or Amy M. Baker from any liability for personal injury, property damage or death suffered by myself, my child(ren) or by a third party as a result of my use of Somatic practice, tutoring, coaching, consulting or mediation services.

5. THAT IN THE EVENT OF MY OR MY MINOR CHILD(REN)'S INJURY OR DEATH, OR THE INJURY OR DEATH OF MY WARD(S), THIS RELEASE AND INDEMNITY AGREEMENT shall be effective and binding upon my heirs, next of kin, executors, administrators and assigns in relation to D-I-V Design Agency, LLC, Amy M. Baker, and any and all people involved.

Client Name Signature Date

Client Name Signature Date

Client/Child Name Signature Date

Client/Child Name Signature Date

Client/Child Name Signature Date

D-I-V Design Agency Printed Signature Date



1. \_\_\_\_\_ I have been informed that any information provided to my Family Advocate consultant by me or others (i.e. a therapist) will be kept strictly confidential. All information whether electronic or in other formats may only be shared with my written consent. All mediation notes, aside from signed settlement agreements, will be destroyed upon completion of the mediation.
2. \_\_\_\_\_ I have been informed that the D-I-V Design Agency, LLC uses extreme caution with my personal information, personal data, and written, voice, texted, and email communication and will perform the utmost due diligence to protect my personal information.
3. \_\_\_\_\_ I understand that, to the extent allowed by law, the work-product of my relationship with The D-I-V Design Agency, LLC, Amy M. Baker, and any staff or associates of The D-I-V Design Agency, LLC will be kept confidential. I understand that work within mediation is confidential and privileged, whereas GAL, Parenting Evaluation, some aspects of Parenting Coordination, and personal assistance in Parenting Plan writing and other Family Advocacy services are not protected by the same legal provision within the court.
4. \_\_\_\_\_ I understand that it is impossible to protect the confidentiality of information that is transmitted electronically. This is particularly true of e-mail and information stored on computers that are connected to the internet, which do not utilize encryption and other forms of security protection.
5. \_\_\_\_\_ I understand that my Family Advocate consultant is a Washington State mandated reporter, and is required to report to local authorities any indications of abuse or neglect of a child or vulnerable adult, any admission of criminal activity, or indications of intent to cause imminent harm to myself or others. I have been advised that full information regarding the mandated reporter responsibility can be found in the Washington State Department of Health Administrative Code Chapter 246-16 WAC.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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Client Name

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Client Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Name





### MEDIATION

	Description	Duration	Session	Block
Marital	Navigate conflict and/or repair. 90-minute session.	On demand	\$350	\$1100 6 sessions
Dissolution	Uncoupling on your terms as a couple.	Four-hour increments (3-7 sessions is typical)	\$800	
Parent-Teen	New agreements with one or both parents.	On demand 2-3 hours.	\$450 DDA provides 50% of the payment for minors.	
Parenting Plan	New or modified PP.	On demand 3-hour mediation	\$625	
Family or Sibling Mediation	Navigate family narratives and conflict.	2-3 hours based on ages of children and participants.	\$450-625 DDA comps the fee for minor participants.	

### FAMILY & PARENTING SUPPORT

	Description	Duration	Session	Block
Parenting Classes	Developmental support & education.	Spring and Fall 90 mins/wk.		\$200 8-week
Individual Parenting Support	Developmental education.	On demand 90 mins.	\$225 in-house +\$50-75 travel fee in-home.	\$200 8-week
Guardian ad litem	Child advocacy in dissolution or Dependency	20-hour retainer.	\$225/hr. Min. 20 hours.	\$4500 retainer
Parenting Evaluation	Divorce proceeding evaluation of both parents while actively parenting + report.	20-hour retainer.	\$225/hr. Min. 20 hours.	\$4500 retainer
Parenting Coordination & Post-Decree Case Management	Help with high-conflict parenting and parallel parenting plans.	On demand and Ongoing.	\$225/hr.	\$4200 retainer 20 hours.

### HOURLY RATE \$225

For sessions that go over their allotted time, overtime is billed in 15-minute increments and is due at the time of service. Payments are expected to be 50-50, unless there is another agreement or court order in place. Hourly rate applies to research, phone calls, prep, emails, and authorized third-party communiqués.

### SLIDING FEE SCALES

We provide some sliding fee hours each month based on financial need and time availability.



### RE-SCHEDULING & CANCELLATIONS

Sessions will begin promptly at the scheduled start time and finish at the scheduled end time. Additional time is pro-rated in 15-minute increments and must be paid at time of service. The fee for each session is pre-paid and is non-refundable if less than 48 hours notice is given to re-schedule.

Cancellations may be made without penalty 7 business days prior to the scheduled mediation.

There is a 50% penalty for cancellations made 3-7 business days prior to the scheduled mediation.

Mediations and/or sessions are non-refundable if made with less than 48 hours' notice prior to the scheduled session.

