

AMY M. BAKER

mediator & family advocate

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

? 76;3F;A@IN8AD? 3F;A@FORM

Name: _____

Address: _____

Email: _____

Primary phone: _____ Alternate phone: _____

Profession: _____ Employer: _____

Type of mediation: ☐ Divorce ☐ Property Division ☐ Parenting Plan ☐ Other ☐

Other: _____

Preferred method of consultation (please circle):

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

Preferred days of week and times of day for mediation sessions (please list at least three):

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday
☐ Morning ☐ Afternoon ☐ Evening ☐ Flexible/Other:

What led you to D-I-V Design Agency for conflict mediation?

Please identify the issues, as you see them, and the resolution you would like.

What do you think the other party would like? What is the nature of their conflict?



Any court orders or legal issues that D-I-V Design Agency should be aware of?

Do you have any history of trauma (physical, emotional, or sexual)? How old were you? What happened? How do you feel it has affected your relationship with yourself or others? Do you believe it has had any impact on you in this matter such that a trauma-informed mediation is necessary?

Name and contact information for the other party. Would you like us to contact them?

Thinking about your relationship with the other party, is there anything you think is relevant or that would help your mediator help both/all parties resolve the matter?

If this is a property division, have you and the other party discussed equitable resolution? If so, what does that look like? Do you need a property division worksheet to organize assets and liabilities?

How would you like to feel at the end of our work together?

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

Are you or the other party(ies) represented by legal counsel? ☐ Yes ☐ No ☐ DK

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FINANCIAL AGREEMENT & HOLD HARMLESS

I am registering for: ☐ Mediation ☐ Discernment Series

Preferred schedule:

Preferred start date: _____

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

☐ Mornings (8 - 11) ☐ Afternoons (12-3) ☐ Evenings (6-9) ☐ Weekend/Other

Duration of services: ☐ Once ☐ Weekly ☐ Bi-Weekly ☐ Monthly

Agreements

_____ Payment is due at booking. I understand I will not be billed or invoiced for services.

_____ Payment is due before the start of each practice session or series. Practice 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.

Payments may be broken up, but services are not rendered prior to payment.

_____ Payments made via PayPal or credit card are charged an additional 3.5% processing fee.

_____ 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 48-hour cancellation policy.

Termination: This agreement may be terminated by Client or D-I-V Design Agency, LLC or Amy M. Baker at will.

DATED this _____ day of _____, 202_____.

Signature

Date

Name



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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
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Client Name	Signature	Date
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Client Name	Signature	Date
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D-I-V Design Agency Printed	Signature	Date
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1. _____ I have been informed that any information provided by me or others is privileged and will be kept strictly confidential. All information, whether electronic or in other formats, will be destroyed upon termination of services with DDA. Exceptions to confidentiality and privilege are further outlined in the Agreement to Mediate.
2. _____ 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.
3. _____ I understand that DDA mediators are Washington State mandated reporters, and are 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 _____, 202_____.

Signature

Date

Name



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.



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.