# HOPE THROUGH DIVORCE

## **Personal Information and Goals**

Name	Emergency contact
Address	Spouse/Partner name
City, State, Zip	Children's names and ages
Email	Attorney
Phone	Referred by
Preferred method of communication	Other professionals (mediator, CDFA, therapist, etc)
What would you like to get out of your coaching experience?	
Briefly describe your circumstances. What information would you like me to know from the start?	
What is the next step for you, both short term and long term?	
Are you in fear for your safety or well-being or for the safety or well-being of others in your household?	

**Coaching Agreement -** Please complete this agreement, review the terms, sign and return. Thank you!

I am here as a thinking partner, sounding board, and advocate for you to focus on what you want and need before, during and after your divorce. I will help you to move forward through the business of divorce, setting goals and taking actions, and doing the internal work necessary to go through the process of transition as productively as possible.

## **Disclaimers**

- 1. The information exchanged between coach and client is confidential except as required by law.
- As the client, I understand that a coach is not a therapist. Coaching is designed to focus
  on taking the actions to help me accomplish the goals that I define. I accept
  responsibility for my own mental health throughout the process.
- 3. As the client, I understand that a coach is not an attorney and cannot advise me on what my rights are or what issues are involved in my case. I accept responsibility to consult with an attorney regarding any legal matters throughout the process.
- 4. As the client, I understand that a coach is not a CPA or licensed financial advisor and cannot advise me on financial issues and/or tax matters in my case. I accept responsibility regarding any financial/tax matters throughout the process.
- 5. The client shall be prohibited through their signing of this contract from calling the coach as a witness in litigation or any administrative proceeding. The client will also be prohibited from requiring the production in court of any records or documents made by the coach. The client understands that by signing this document they are waiving their right to call the coach as a witness or to demand documents be produced in Court.

#### ALL PAYMENTS DUE AT TIME OF SERVICE.

## **CANCELLATION POLICY**

Clients who do not provide notice of need to reschedule or cancellation at least 24 hours prior to scheduled session will be charged for the session.

Unused package sessions will not be refunded.

I understand that these pages constitute the agreement with my coach and I agree that these terms are understood to be fair to both coach and client.

## **Client Signature and Date:**

## **Contact Information:**

Temple Trigg, MA, CDC Hope Through Divorce Personal Divorce Support 303.949.4902 temple@hopethroughdivorce.com hopethroughdivorce.com