

**By Your Side Advocacy, LLC**  
2 Brookside Drive  
Clinton, CT 06413  
[byyoursideadvocacyllc@gmail.com](mailto:byyoursideadvocacyllc@gmail.com)  
[www.byyoursideadvocacy.com](http://www.byyoursideadvocacy.com)

This agreement is made between \_\_\_\_\_ referred to as “the client” or “you,” and Karen Linder of By Your Side Advocacy, LLC, referred to as “By Your Side Advocacy, LLC” or “the advocate.”

Specific services to be provided:

By Your Side Advocacy, LLC agrees to provide skilled advocacy services on behalf of your child,

\_\_\_\_\_.

These services may include assisting you with understanding your child’s records; helping you to prepare a written agenda; accompanying you to school meetings or mediation; drafting letters or complaints based on your input; helping you to identify additional resources, such as evaluators, consultants, or therapists; and providing other advocacy services.

Services Not Covered By This Agreement:

Although By Your Side Advocacy, LLC offers skilled advocacy services, Karen Linder is not held out as an expert in the fields of educational evaluation, psychology, law, or medicine. By Your Side Advocacy, LLC cannot, in any circumstances, act as your attorney. Upon request, By Your Side Advocacy, LLC will provide you with names and phone numbers of special education attorneys.

Client’s Responsibility:

You agree to the following:

- a. Communicate fully and truthfully with By Your Side Advocacy, LLC, providing all information that would aid By Your Side Advocacy, LLC in assisting you;
- b. Make payments to By Your Side Advocacy, LLC, as provided in this Agreement; and
- c. With the assistance of By Your Side Advocacy, LLC, make good-faith efforts to communicate clearly in a polite and factual manner with school staff in order to pursue an appropriate education for your child.

Confidentiality:

By Your Side Advocacy, LLC agrees to keep all client information and records confidential.

Calculation of Fee:

Client will provide By Your Side Advocacy, LLC with a prepayment of \$250.00. If, at the conclusion of services, the prepayment has not been depleted, By Your Side Advocacy, LLC will refund the remaining balance. If the client requires additional services, an additional prepayment of \$250.00 must be paid prior to additional services being rendered.

- A) The rate for all consultation and record review services is \$50 per hour plus tax.
- B) The rate for attending meetings (including travel to and from meetings) is \$75 per hour plus tax.
- C) The rate for organizing and/or developing key record library is \$35 per hour plus tax.

*Estimates are available upon request. References are available upon request.*

For all parents, the advocate will request to review records and will ask questions to understand your child’s needs, to learn about your concerns, and to help you identify the next steps in the process.

**Once a contract is signed, By Your Side Advocacy, LLC will send you sporadic statements for all time spent on your child's case, including time spent reviewing records, phone consultations with you, attendance at meetings, e-mail communications, and all other services performed in support of you and your child.**

When Payments are Due:

After the initial consultation, the client will provide prepayment of \$250.00. Clients will receive sporadic statements. If the client requires additional services, the prepayment of \$250.00 must be paid prior to additional services being rendered. Balances are due upon receipt of invoice or statement identifying monies due.

No Guaranteed Results:

By Your Side Advocacy, LLC will act on your behalf in a courteous, conscientious, and careful manner at all times to seek solutions that are appropriate for your child.

**By Your Advocacy, LLC cannot promise or guarantee any specific outcome or result.**

Termination of Agreement:

You may terminate this Agreement at any time, provided you have paid for all services delivered by By Your Side Advocacy, LLC. By Your Side Advocacy, LLC may terminate this Agreement at any time in the event of nonpayment of fees or in the event irreconcilable differences develop.

Signature:

By signing this Agreement, you acknowledge that you have read and understand this Agreement and that you agree to all its provisions.

Client: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

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

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