

**Advocacy 4 Education, LLC.**  
10 Jennings Ct  
Hillsborough, NJ, 08844  
(201) 615-0538  
[katherinepassman@gmail.com](mailto:katherinepassman@gmail.com)  
<http://www.advocacy4education.com>

This agreement is made between \_\_\_\_\_ (parent name) referred to as “the client” or “you,” and Katherine Passman of Advocacy 4 Education, LLC, referred to as “Advocacy 4 Education, LLC.” or “the advocate.”

Specific services to be provided:

Advocacy 4 Education, LLC agrees to provide skilled advocacy services on behalf of your child,  
\_\_\_\_\_ (child’s name).

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 Advocacy 4 Education, LLC offers skilled advocacy services, Katherine Passman is not held out as an expert in the fields of educational evaluation, psychology, law, or medicine. **Advocacy 4 Education, LLC cannot, in any circumstances, act as your attorney.** Upon request, Advocacy 4 Education, LLC will provide you with names and phone numbers of special education attorneys.

Client’s Responsibility:

You agree to the following:

- a. Communicate fully with Advocacy 4 Education, LLC, providing all information that would aid Advocacy 4 Education, LLC in assisting you;
- b. Make payments to Advocacy 4 Education, LLC, as provided in this Agreement; and
- c. With the assistance of Advocacy 4 Education, 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: Advocacy 4 Education, LLC agrees to keep all client information and records confidential.

Calculation of Fee:

At the initial consultation, clients will provide Advocacy 4 Education, LLC with a prepayment of \$375 for five hours of advocacy services--billed at the rate of \$75 per hour. If, at the conclusion of services, the client has required fewer than five hours of service, Advocacy 4 Education, LLC will refund the remaining balance. If the client requires more than five hours of service, the pre-paid package must be renewed prior to additional services being rendered. *Estimates are available upon request.*

**Exception:** For parents seeking only a one-time 50-minute office consultation, a \$125 fee is due at the time of service.

For all parents, at the initial consultation, the advocate will 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, Advocacy 4 Education, LLC will send you a monthly statement billing you for any and all time spent on your child's case, including time spent reviewing records, phone consultations with you, attendance at meetings, e-mail communication, and any and all other services requested or initiated by you.**

When Payments are Due:

At the initial consultation, the client will provide payment for either (A) the one-time 50-minute consultation (no additional services will be needed) or (B) the prepaid 5-hour package. Clients will receive monthly statements and may renew the 5-hour prepaid package as needed--prior to additional services being rendered. Balances are due upon receipt of the statement.

No Guaranteed Results: Advocacy 4 Education, 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. **Advocacy 4 Education, 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 Advocacy 4 Education, LLC. Advocacy 4 Education, LLC may terminate this Agreement at any time in the event of nonpayment of fees or in the event of conflicts of interest or 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: \_\_\_\_\_