

# Martinez Advocacy 301-779-2229 mmartinez@martinezadvocacy.com

## **Agreement for Services**

This agreement is made between _	("the client" or "you"),
parent or legal guardian of	, and Monica VW Martinez of Martinez
Advocacy ("the advocate") for the s	pecial education consultation and advocacy services outlined
below. Martinez Advocacy commits	s to providing you with independent and objective feedback
based on our review of your child's	records coupled with our knowledge of the special education
process. Although we will respect y	our input about your desired outcomes for your child, we will
always act in the best interests of ye	our child in accordance with the State and Federal regulations
that govern the special education p	rocess.

#### Statement of Services

Our advocacy process typically includes the following services:

- Complete review of your child's records
- Observation of your child in his/her/their educational environment (or elsewhere, if school observation is not possible)
- Consultation with related service providers to gain a complete picture of your child's current level of functioning
- Development of a strategic plan for securing and/or maintaining a free and appropriate education for your child
- Expert comments and recommendations on draft Individualized Education Plans ("IEPs"), Section 504 plans, and/or related documents
- Assist parents/guardians in drafting correspondence
- Attend meetings with parents/guardians
- Inform parents/guardians of changes to school system, State, or Federal policies that may impact their student
- Explain special education terminology, policies, and procedures to parents/guardians
- Make referrals to private service providers, if requested

If needed, Martinez Advocacy can assist parents/guardians in drafting State Complaints or requests for mediation. **Under no circumstances will Martinez Advocacy provide legal advice.** By signing this agreement, you explicitly acknowledge that Martinez Advocacy does not provide legal services. We are happy to refer you to a special education attorney at your request or if needed. Martinez Advocacy does not provide expert testimony in legal proceedings. Further, by signing this agreement you also affirm your understanding that Martinez Advocacy cannot guarantee any specific outcome for your child.

#### Fee for Services

In order to allow you the maximum flexibility to determine the level of support you need, Martinez Advocacy charges at an hourly rate for all services.

## Advocacy Services

Our current hourly rate is \$200. This rate applies to records review; consultations (whether virtual or in person) or telephone calls with parents/guardians, related service providers, or school staff; observations; written reports; and attending meetings. We will charge for any email correspondence that takes more than 15 minutes to draft. All work is billed in 15-minute increments.

#### Travel Time

Printed Name of Parent/Legal Guardian

In addition, we charge half our hourly rate (\$100) for any travel greater than 30 minutes from the advocate's office to the location of the meeting or observation.

# **Payment Options**

At this time, Martinez Advocacy accepts payment by personal check, PayPal, Venmo, and Zelle. Services are billed on a monthly basis. Payment is expected upon receipt of your monthly invoice with a grace period of **no longer than 15 days from the date of the invoice**. A late charge of \$25 along with a finance charge of 1.5% will be calculated daily on the unpaid balance on the 16<sup>th</sup> day from the date of the invoice. Payment not received in a timely fashion will result in termination of all services. The client will be responsible for all fees incurred up to an including the date of termination.

I,, accept ful rendered to my child by Monica VW Martinez / Martir received a written explanation of the fee schedule and services, and I agree to the terms stated therein. I elect method:	payment terms, as well as a statement of
<ul><li>Personal check</li><li>PayPal</li><li>Venmo</li><li>Zelle</li></ul>	
I agree to retain the services of Monica VW Martinez / education planning and advocacy for my child. I under a particular placement, program, or outcome.	
Signature of Parent / Legal Guardian	Date