

Stuart Showalter  
Child Custody Advisor  
P.O. Box 374  
Lebanon, IN 46052-0374  
Stuart@StuartShowalter.com

## AGREEMENT FOR HOURLY CONSULTATION

This agreement, between Stuart Showalter and \_\_\_\_\_, consisting of two pages, is for Life Coaching or other consultation on an hourly basis which is as follows;

- ~ Consultation by telephone, internet teleconferencing or any other electronic means
- ~ In-person consultation
- ~ Appearance for court hearings or any other proceeding for the purpose of observing or advising your practitioners. This does **not** include observations, reports and testimony.

The life coaching services that Mr. Showalter provides are intended to create harmony between my mental and physical health, relationships with people, legal issues, financial matters, employment, education and personal development. Mr. Showalter does not act in lieu of an attorney.

**Stuart Showalter and his associates are not attorneys, mental health professionals, physicians, financial planners or securities dealers and have not obtained any required licensing to practice in any of those fields or any others that may be part of this service unless explicitly stated.**

By affixing my signature hereto I acknowledge that Mr. Showalter is not acting as my attorney, mental health professional, physician, financial planner or securities dealer and is not providing specific advice as a substitute for that provided by those professionals. I further acknowledge that it is my responsibility to determine the need for services by any of those professionals and to obtain such services without the recommendation or assistance of Mr. Showalter.

### FEES

Standard Consultation Rate - \$120.00 per hour due prior to services being rendered for Life Coaching as detailed above. Sessions are billed for a minimum of one hour and in 10 minute increments thereafter.

Emergency Consultation Rate - \$150.00 per hour billed upon end of the month. Sessions are billed in 10 minute increments and begin when the unscheduled phone call is answered.

Day Rate - Consultations or appearances in excess of four hours are billed at the day rate of \$500 for up to 8 hours which also includes a detailed report of his observations of the consultation session or appearance.

Testimony or Court Appearance Rate - Mr. Showalter may appear as an expert witness and provide opinion testimony consistent with his observations. Court appearances include pre-trial preparation and post hearing consultation. Mr. Showalter may also sit with and assist your counsel during trial. Court appearances or testimony are billed at the "Day Rate".

Travel Rate - Necessary travel for Mr. Showalter over 10 miles round trip from the Indiana State House is billed at \$1.20 per mile inclusive of time.

I agree to pay Stuart Showalter for all services provided to me at the rates detailed under the section "FEES" herein. Fees are due prior to services being rendered. Additional fees may be demanded at the time services are provided but must otherwise be paid by the fifth day of the month following the month in which services were provided or within five days of receiving an invoice, whichever is later. I understand that failure to pay may result in the immediate termination of this agreement.

TERMINATION - I understand that I may terminate this agreement at anytime without prior notice by providing written notice to Mr. Showalter. I further acknowledge and understand that I will receive a refund of unused portion of the payments which I have advanced to Mr. Showalter. I also acknowledge and understand that I am still responsible to pay any outstanding balance that may exist.

PRIVACY - Before signing this agreement I acknowledge and understand that I have been provided with a copy of Mr. Showalter's Privacy Policy and have signed the acknowledgment of receipt of that Privacy Policy. I further acknowledge and understand that that Privacy Policy constitutes the entirety of Mr. Showalter's Privacy Policy and that no other statement, written or verbal, direct or implied substitutes for or amends in any way that Privacy Policy.

By signing this agreement, I, \_\_\_\_\_, acknowledge that I have been advised by and am aware that Stuart Showalter and his associates are not attorneys, mental health professionals, physicians, financial planners or securities dealers and are not providing specific advice as a substitute for that provided by those professionals unless those professionals specifically acknowledge their discipline.

I understand that neither Stuart Showalter, his associates, nor any other person can guarantee that I will achieve my goals and I acknowledge that no guarantees have been made to me. I further understand that Stuart Showalter or his associates may assist me and any other professionals I have hired in establishing, implementing and coordinating my actions to achieve my goals but that I am ultimately responsible for all actions that I take.

I further agree to be bound by the conditions of this agreement and acknowledge that Stuart Showalter and his associates are not intended to replace or substitute for the services or advice of any field specific professionals such as attorneys, medical professionals or financial service providers.

By signing below I acknowledge that this document comprises our complete agreement and that no terms of this written agreement are subject to change by any verbal agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
e-mail

\_\_\_\_\_  
Stuart Showalter

\_\_\_\_\_  
Date

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