



Julianne Curtis, SBD
Birth, Postpartum, and Bereavement Doula
Email julianne@juliannecurtis.com
Phone (970) 372-8886

Agreement for Postpartum Doula Services, Limits and Fees

The undersigned contract(s) Julianne Curtis, SBD for postpartum doula care for the _____ Family, with an estimated birth due date of _____.

This agreement serves for an estimated beginning date of _____ through the estimated end date of _____.

Agreement Describing Postpartum Doula Services

As a postpartum doula, I provide non-medical, physical, emotional, educational and family support after the birth of your baby/babies.

I will assist you with self-care recovery measures, provide information on mother and baby care, assist you in caring for and feeding baby/babies, breastfeeding support, infant soothing, teaching and education, assist your family with adjusting to the new roles and responsibilities, assist with sibling adjustments, assist with pet adjustments and parent coaching. I offer light household support: including preparing occasional light meals, setting up meal trains, meal planning, grocery shopping, baby laundry, tidying and dish-washing. All services are provided with no judgment and with the upmost care and support of your family values.

I do **NOT** diagnose medical conditions in the mother or baby/babies, however, I will refer you to a health care provider when appropriate. I do **NOT** take over care of the baby/babies. However, I will assist you in learning to care for your baby/babies' needs and assist you while you are in the home. I do **NOT** do heavy housecleaning such as mopping, scrubbing, cleaning bathtubs, yardwork and etc. I am not a nanny or baby sitter.

Fee Schedule for Doula Services:

\$26 /hour for weekdays worked, with a minimum of 2 hours per shift.

\$31 /hour for weeknights and weekend days worked, with a minimum of 4 hours per shift.

Under special circumstance I am open to bartering for postpartum care and adjusting my hourly rates based on a sliding scale. I believe all mothers wanting support should be able to attain support. And I will work with you however I can.

A non-refundable retainer of 50% of the minimum contracted hours is required upon signing of this contract. This retainer will be applied to the first half of services rendered. An invoice will be provided weekly with payment due upon receipt. A credit balance will show until the



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retainer has been applied in full. If additional hours beyond the minimum hours contracted are requested, they will be invoiced weekly. **Should you decide for any reason you do not wish to use my services once we have entered into this agreement, no refunds will be given on the retainer.** The retainer reflects my commitment to be available to you as well as being your commitment for securing my services. Beyond the retainer commitment, you will only be charged for the postpartum service hours provided.

Please be considerate and give me one week advance notice for completion of my services to you and your family should you decided to end support before the date on page one of this agreement.

Clients living 30 miles beyond Fort Collins may choose to pay additional and agreed upon, onetime fee of _____ or add a \$25 travel fee to each visit.

I offer a discounted packages for families who hire me for both birth and postpartum doula support. Additional postpartum hours can be added to any combo package with a 10% discount.

I agree to work for you on a pre-determined schedule, subject to availability and mutually agreed upon hours. For billing purposes, an hour begins when I arrive at your home at a previously arranged time. If I run requested errands for you on my way to your home, the hour begins when I arrive at my first stop. If I run errands for you during our scheduled time mileage fees may be added to your invoice.

Please notify me within 24 hours of the birth of your baby/babies. We will discuss the schedule you'd like me to work in the coming week or determine a start date. The more notice you give me of your desired schedule, the better I will be able to meet your needs.

I am happy to start postpartum care when it works for your family. This could be the day you arrive home from the hospital or the day the baby is born for homebirths. I am also willing to come to the hospital to provide support when requested. It is suggested postpartum care start sometime between birth and three months postpartum.

Cancellation Policy:

*I understand your needs may change after the birth of your baby/babies, and agree to be as flexible as possible in the event you desire more or less doula hours. **A non-refundable deposit of 50% of the contracted hours will be required to ensure the availability of your doula when***



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your baby is born. This will serve as a credit towards doula hours and is non-refundable should you decided not to use my doula services after contract signing.

In the event of unpredictable scheduling conflicts, I am attending a birth, or emergencies I will stay in open communication with you and may need to reschedule. I agree to communicate with you the due dates of any birth clients I am under contract with that could overlap with your postpartum care. Should I need to reschedule due to sickness or to attend a birth your hours will be credited to the new mutually agreed upon date and time. Alternatively, there are times where I can provide you an option to use a backup postpartum doula of my choosing to cover the time I'm unable to make our appointment.

Schedule of Services & Retainer Amount Due

Anticipated needs: _____ **Morning** _____ **Afternoon** _____ **Evening** _____ **Overnight**

For _____ Days per Week and a total of _____ weeks

(I understand it's hard to know your exact postpartum needs, and I fully expect they may change. However, it is necessary we have an idea of your wishes for scheduling purposes.)

Please fill in the hours and dates below you wish to utilize postpartum care:

Total hours contracted: _____ **Total cost of contract services:** \$ _____

Travel fee: _____

50% non-refundable retainer due: \$ _____

(Balance due weekly upon receipt of invoice; credit balance of retainer applied first)

I/we agree to the above terms:

 Parent (Mother Print Name) Mother Signature Date

 Partner (Print Name) Partner Signature Date

 Julianne Curtis, SBD Date



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Waivers and Complete Release of Liability

This waiver and complete release of liability applies to Julianne Curtis personally and any backup postpartum doula who may assist in providing the services listed under this agreement. Client acknowledges and agrees by entering into this agreement and during the performance of services under this agreement, services will be provided to you in your home, and potentially outside of the home. Client acknowledges and agrees Julianne Curtis has a limited role pursuant to the description of services outlined in this agreement, wherever services are provided. Client acknowledges and agrees Julianne Curtis does not make medical or nursing decisions on Client's behalf or perform clinical tasks, including decisions when to seek medical care and the inclusion or exclusion of treatments available to you and your baby.

Now, therefore, in consideration of the above acknowledgments, Client, jointly and separately, on behalf of Client and their heirs, administrators, assigns, personal representatives, and executors, hereby RELEASE AND FOREVER DISCHARGE Julianne Curtis from any and all damages or causes of action, either at law or in equity, which Client may have or acquire or which may accrue to Client and their heirs, administrators, assigns, personal representatives, and executors, as a result of performance of this agreement. Client understands and intends that this be a COMPLETE RELEASE AND DISCHARGE from all liability whatsoever. Client has read all statements contained herein and fully realizes that Client is signing a COMPLETE RELEASE and bars to any claim resulting from the attached contract or the provision of services hereunder.

Client (print name): Signature: _____ Date: _____

Partner/Spouse (print name): Signature: _____ Date: _____

Client Address: _____

Primary Phone: _____

Email Address: _____