CLIENT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGREES TO PAY AS FOLLOWS:

Hourly Rate: J. Travis Barnett $250.00 per hour. Cindy Alexander $120.00 per hour. Choose one below.

\_\_\_\_\_\_\_\_ Evergreen Retainer: legal services will begin when the firm receives $2,500.00 as an advance deposit against attorneys’ fees and costs. When the balance of the retainer reached $500.00 the client will be responsible to replenish the retainer back to $2,500.

 Work will cease if the evergreen retainer reaches a zero balance.

\_\_\_\_\_\_\_ Payment Plan: legal services will begin when the firm receives $1,500.00 as an advance deposit against attorneys’ fees and costs. The client then agrees to pay a monthly fee regardless of account balance to be applied to outstanding invoices and/or trust account. Payments begin thirty days after initial deposit.

* + 1. $300/Month if total account is $0-$1,000.00 \_\_\_\_\_\_\_\_ (initial)
		2. $500/Month if total account is $1,001-$2,500.00. \_\_\_\_\_\_\_\_(initial)
		3. If your account is greater than $2,500.00 all non-mandatory work will cease until sufficient payment is made to reduce balance. \_\_\_\_\_\_\_\_ (initial)

Payments are due on the 5th or 20th (Circle one) day of each month until the completion of this matter regardless of balance due this office. \_\_\_\_\_\_\_\_ (initial)

Payments will be made via credit/debt card. Client agrees and authorizes this office to charge said credit/debit card on the due date each month without prior notice to client and client agrees there will be sufficient funds for payment on that date. Any fees incurred due to client having insufficient funds shall be charged to and the responsibility of the client. Processing fees will be charged to the client. THERE ARE NO FEES FOR ECHECK PAYMENTS MADE THROUGH MYCASE.

Failure to make one (1) payment under this plan shall be a basis for this office to cease work and withdraw from this matter unless arrangements are made with this office.

\_\_\_\_\_\_ Trial Fee Regardless of fee arrangement prior to any case being set for pretrial conference client agrees all invoices for fees and cost will be paid in full and a trial deposit of $2,500.00 will be placed in the trust account. This is a deposit only and not an estimate on the total expense of the trial. (initial)

\_\_\_\_\_\_ Expenses and filing fees: Attorney will not advance filing fees or expenses. Client must ensure there is sufficient funds in the trust account to cover all expenses including but not limited filing fees, deposition fees, court report fees, fees for subpoena and document production, and witness fees. (Initial)

AGREED TO AND ACCEPTED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hello and welcome to Hood And Barnett, PLLC. As a client, we ask that you please provide the following personal information. Please be sure that the information you provide is accurate and complete for it will be used to inform you of the status of your interests and/or changes that have or will be made. As always, thank you for your interest in our firm.

PERSONAL INFORMATION

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

OPPOSING PARTY INFORMATION

Spouse Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (if different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work No.:\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_