



Slater & Associates, LLC

Fee Agreement

- I understand that I will be responsible for full payment of the session fee, as well as for any outstanding balance, prior to my scheduled session. Face-to-face appointments, as well as telephone or SKYPE calls, lasting longer than 5 minutes, will be billed at the same hourly rate. The initial hourly rate shall be \$_____.
- If two or more parties will be responsible for services, Slater & Associates, LLC may charge either party the full fee, or at our discretion, the fee may be charged disproportionately.
- All time involved in the preparation of written reports, telephone calls, communication with other professionals and travel will be billed at the same hourly rate.
- I understand that I will be responsible for any postage (first class postage rate) or copying fees (\$0.50/page) incurred on my behalf by Slater & Associates, LLC.
- Any time set aside in preparation for a subpoenaed court appearance, including actual appearances, preparation of testimony or reports to your attorney or the court, travel, depositions, or any schedule adjustments necessary to accommodate such a court appearance will be billed at an hourly rate of \$250/ hour. Slater & Associates, LLC will charge a retainer in advance of any agreed or subpoenaed court proceeding in a minimum amount of \$2,000 (or such time estimated to be expended). This retainer shall be a deposit towards fees for professional time expended. If time expended is less than the retainer, the balance will be refunded within 30 days of termination of services. If time extended exceeds the retainer, the balance will be charged to the account/s on file.
- **I agree to notify Slater & Associates, LLC at least 48 hours in advance should I need to cancel an appointment. I understand that I will be charged the full regular session fee for any appointments that I miss or fail to cancel 48 hours in advance.**
- I agree to pay any Slater & Associates, LLC costs of collection including reasonable attorney fees.
- I understand that I will need to provide a valid credit card that will remain on file with Slater & Associates, LLC, and I authorize Slater & Associates, LLC to keep my signature on file for charges incurred on my account.

Name on card: _____
 Credit Card (1) Number: _____
 Expiration: _____
 3-digit security code: _____
 Billing zip code: _____
 Cardholder signature: _____

Name on card: _____
 Credit Card (2) Number: _____
 Expiration: _____
 3-digit security code: _____
 Billing zip code: _____
 Cardholder signature: _____

I have read the information above and agree to the terms set forth and outlined above.

 Signature of Client

 Date

 Signature of Client

 Date