

## ATTORNEY CLIENT AGREEMENT

I, \_\_\_\_\_ hereby engage attorney, Kristine M. Rogers, to represent me in the matter of: \_\_\_\_\_.

I understand that it is difficult to estimate the ultimate cost of this litigation. I further understand attorney fees for services performed are based on an hourly rate of \$250.

Unless I authorize otherwise, Attorney Rogers will exclusively handle all legal aspects of my case.

Attorney Rogers does not promise, assure or guarantee the outcome of this litigation.

I understand my obligation to pay for legal service rendered is not contingent upon my satisfaction with the outcome of the matter. I understand that it is our responsibility to provide Attorney Rogers with all information requested in a timely manner and that my failure to do so may compromise the successful outcome of my case.

I agree to pay advance fees in the amount of \$3000. My advance fees will be deposited into an IOLTA trust account for my benefit and Attorney Rogers will bill her fees against the advance fees.

I understand during the course of this litigation that it may be necessary to incur expenses in addition to attorney fees. I authorize Attorney Rogers to expend up to \$200 on my behalf that she may bill against the advance fees. Attorney Rogers will obtain our approval prior to incurring expenses in excess of \$200.

Attorney Rogers agrees to provide me with a billing statement on or about the first day of each month accounting for her time, and any expenses paid out of the advance fees. I agree to keep my account current and to replenish my advance fees as necessary to maintain a balance of at least \$500 for my benefit in the trust account.

I understand and agree that Attorney Rogers may decline to pursue additional discretionary legal work on my behalf if I fail to keep our account current and maintain a minimum balance of \$500 in the trust account. If advance fees have been depleted and not replenished by the end of the billing cycle, Attorney Rogers is authorized to automatically withdraw funds from the credit card I provide to secure payment.

I understand that I may disengage Attorney Rogers at any time. I further understand that even if I disengage Attorney Rogers, I am still obligated to pay her for the work she performed on my behalf. Attorney Rogers will return advance fees to me that have not been depleted within forty-eight (48) hours after being notified that her services are no longer necessary.

I understand Attorney Rogers may at her option, withdraw as my attorney. Attorney Rogers's obligation under this agreement terminates as soon as she advises me that she is no longer willing to represent me.

I authorize Attorney Rogers to communicate with me regarding confidential legal matters via email, and cellular telephone service. I understand that due to the nature of such communications, these communications could be intercepted and/or read by others. I also understand that emails sent to and received by the Law Office of Kristine M. Rogers are not encrypted and are not sent through a secure server.

I agree to accept such risk and hold Attorney Rogers harmless of any damages that may result from such communications intercepted or read by others.

I understand that the legal system conducts business electronically and that upon completion or termination of my case, that it is my obligation to retrieve my original paper file. I further understand that I have 45 days to retrieve my paper file; if I fail to retrieve my paper file Attorney Rogers will cause our file to be shredded.

Name:

Address:

Telephone:

Email Address:

Emergency Contact:

Address:

Telephone number:

Services secured by Major Credit Card: \_\_\_\_\_

Security Code: \_\_\_\_\_ Expiration: \_\_\_\_\_