ATTORNEY FEE AGREEMENT

| l, | _, hereby | retain | TERRI | WOOD | as my | attorne | y to |
|-----------------------------------|-----------|--------|-------|------|-------|---------|------|
| represent me in the following mat | tter(s): | | | | | | |
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I understand that if the matter(s) proceeds to a hearing or a trial, that this agreement does not include representation on any appeals.

I authorize my attorney to act on my behalf in all matters relating to this case. I agree to advise my attorney immediately of any change of address or telephone number.

I understand that attorney fees only pay my attorney for the work she performs, and does not include any costs she may incur in connection with representing me on this matter(s), or any fees charged by other professionals who may perform services at her request on my behalf.

I agree that in addition to attorney fees I will pay the costs for any experts or other professionals who may perform services at my attorney's request on my behalf. I understand that I will be consulted for authorization before any such costs are incurred, other than for paralegal services, and agree to advance those costs.

I agree that in addition to attorney fees I will pay the costs for any outof-county travel necessary for my attorney or her investigator in connection with this case. These costs include reimbursement for mileage, meals, lodging and long distance phone calls. I understand that I will NOT be consulted for authorization before any such costs are incurred.

I agree that in addition to attorney fees I will pay the costs of this action, including long-distance phone calls, copy and postage charges, audio and video tapes, film, computerized record checks, charges for public or private records, and materials used to make exhibits.

I understand that some tasks which would otherwise be performed by my attorney may be performed by paralegal at the rate of \$75 an hour; because use of a paralegal will reduce my bill, I agree that my attorney may use a paralegal as needed and without my prior authorization.

I understand that I will be required to advance funds to cover the anticipated costs of a licensed private investigator's services if such services are needed in connection with this matter(s), and that my attorney is not obligated to use her fees to pay for investigation, even if investigation is necessary to adequately represent me. I understand that if I do not advance funds for investigative services, that those services will NOT be provided. I understand that I cannot hold my attorney responsible for not adequately investigating the case if I do not advance funds for those services.

I understand that if expert or other professional services are needed in connection with this matter(s), that I cannot hold my attorney responsible for not adequately preparing or presenting the case if I do not advance funds for those services.

PAYMENT TERMS.

I agree and promise to pay my attorney as follows:

- 1) At the hourly rate of \$275, to be billed against the retainer held in my attorney's trust account. I understand that my attorney is entitled to her fees at the time the services are rendered, regardless of how frequently she bills, and that I must advance funds to cover her anticipated services, according to the payment terms set forth in this agreement.
- 2) All costs incurred by my attorney in connection with this matter will be billed against the retainer. This includes all costs of this action, and all fees and costs for expert and other professional services, and for the services of a licensed private investigator. I understand that funds must be advanced and

available to pay for these costs at or before the time they are incurred by my attorney.

3) I agree to maintain a minimum balance of \$_____at all times. In the event the case proceeds to a hearing or trial, minimum trust account balance increases to \$Amount To Be Determined by attorney after defense investigation completed, due not less than four weeks before the scheduled trial or hearing date.

I understand that if investigation or other professional services are needed, that I may be required to advance additional funds to cover those costs. In that event, the minimum balance which I agree to maintain at all times will be increased by the amount I agree to advance for these other professionals' services. If I fail to maintain this adjusted minimum balance, my attorney may withdraw and terminate her representation.

- 4) An initial retainer of \$_______is due upon execution of this agreement. Funds in the amount of \$______ have been received and applied towards the initial retainer.
- 5) I understand that if I am unable to make required payments by check or cash, my attorney may agree to accept payments for fees and costs by credit card as a convenience to me. If my attorney agrees to accept payment by credit card, I will be charged a three percent (3%) convenience fee. By making any payment by credit card I agree to pay the 3% convenience fee in addition to the amount owed, or requested to maintain my trust account balance. I further understand and agree that the 3% convenience fee is a non-refundable cost.

I understand that additional services requested, beyond those specified above, will be charged to me at my attorney's regular hourly rate of \$275 unless a new and separate attorney fee agreement is executed to cover those services.

I understand and agree that if fees and costs are not paid according to this agreement, or are not paid on time, then my attorney may withdraw from this case and terminate any further representation of me.

If any legal action is required by my attorney to collect the fees or costs due under this agreement, then I agree to additionally pay the reasonable expenses for the time and the costs in any such legal action.

I agree to cooperate with my attorney and to appear for appointments, interviews and court appearances. All matters of policy regarding this case will be determined jointly between me and my attorney and neither will act without advice of the other.

I understand that in undertaking the above matters, my attorney agrees to represent me to the best of her ability and to keep me informed regarding case progress.

I acknowledge that I have read this contract, agree to all of the terms and conditions, and have received a copy of this attorney fee agreement.

| SIGNED this | | day of | , 2016. |
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| | | | CLIENT |
| same 1 | _ | ed hereby guarant ditions as set forth | ees and agrees to pay according to the herein. |
| | SIGNED this _ | day of | , 2016. |
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| | | | GUARANTOR |
| | | | 33, 11, 11, 13, 1 |
| | | | |
| | | A accepted by | TERRI MOOD, ATTORNEY AT LAW |
| | | Accepted by: | TERRI WOOD, ATTORNEY AT LAW |