



DOCUMENTS IN DISPUTE INC.

34 Bluff Ridge Drive, Suite 1C • Lake Ozark, Missouri 65049 • 573-964-5159

Name:

Date:

Address:

Phone:

Re:

Thank you for your inquiry. If you choose to retain my services, this letter will serve as our work agreement.

| | | |
|----------------------|---|-----------|
| FEE SCHEDULE: | Retainer Fee (Non-refundable) | \$ 750.00 |
| | Hourly Fee | \$ 150.00 |
| | Cases taken out of order (rush) | \$ 200.00 |
| | Court Appearance: (whether or not testimony is given) | |
| | Half-day, (under 4 hours) | \$ 600.00 |
| | Over 4 hours at hourly rate | |
| | On-Call fee (per half day) | \$ 150.00 |
| | Travel: \$.45 per mile and \$75 per hour (1/2 hourly rate) | |

The non-refundable retention fee must be received before any examination begins. It is agreed that you will reimburse me for all fees and expenses that are incurred which are directly related to the performance of the services undertaken. These costs may include, but are not limited to, examination and comparison of documents, written opinion/declaration of findings, photography, outside laboratory services such as ink or paper identification, court exhibit preparation, travel and out-of-pocket expenses. It is agreed, also, that this contract is with you and/or your firm and that you are obligated to pay my fees and expenses without consideration of the outcome of this case.

If you have any questions regarding this Agreement, please contact me. If you accept these terms, please sign below and return this letter with the retainer fee and the documents to be examined. Make all checks payable to **Documents in Dispute – Tax ID# 431799960**.

ACCEPTED: **Date:** _____

Sincerely,

Attorney/Client

Lynda D. Hartwick
Forensic Document Examiner