

# RALEIGH LAW CENTER

**Please understand that all information contained herein is subject to attorney-client privilege and is held strictly confidential.**  
**PLEASE PRINT ALL INFORMATION CLEARLY**

TODAY'S DATE: \_\_\_\_\_

## **PERSONAL INFORMATION**

FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_ LAST: \_\_\_\_\_

PREFERRED SALUTATION / PRONOUN: \_\_\_\_\_ TITLE / SUFFIX: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SSN: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ DL STATE: \_\_\_\_\_

IS YOUR DRIVER'S LICENSE CURRENTLY REVOKED? **YES / NO**

## **CONTACT**

**PHYSICAL & POST**  
**anything**

Check if you do not want us to mail you

HOME / BUSINESS / OTHER: \_\_\_\_\_

STREET ADDRESS / P.O. BOX: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

## **TELEPHONE**

(Check the best number to reach you at during regular business hours.)

HOME: \_\_\_\_\_  CELL: \_\_\_\_\_  
 WORK: \_\_\_\_\_  OTHER: \_\_\_\_\_

## **E-MAIL**

\_\_\_\_\_

## **EMPLOYMENT**

EMPLOYER: \_\_\_\_\_ START DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ ANNUAL SALARY: \_\_\_\_\_

POSITION: \_\_\_\_\_ SALARY MONTHLY (NET): \_\_\_\_\_

EMPLOYER PAY SALARY MONTHLY

FREQUENCY: \_\_\_\_\_ (GROSS): \_\_\_\_\_

EMPLOYMENT START DATE: \_\_\_\_\_

**EDUCATION & CERTIFICATIONS**

EDUCATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HIGHEST DEGREE ATTAINED: \_\_\_\_\_

CERTIFICATIONS: \_\_\_\_\_

SPECIALTY: \_\_\_\_\_

**HEALTH**

HAVE YOU EVER BEEN COMMITTED TO A MENTAL INSTITUTION INVOLUNTARILY? YES / NO

LIST ANY MENTAL HEALTH DIAGNOSES: \_\_\_\_\_  
\_\_\_\_\_

DO YOU HAVE A DRUG OR ALCOHOL PROBLEM? YES / NO

LIST ANY DRUG PREFERENCES, AND ANY OTHER VICES: \_\_\_\_\_  
\_\_\_\_\_

LIST ANY MEDICATIONS YOU ARE CURRENTLY PRESCRIBED: \_\_\_\_\_  
\_\_\_\_\_

LIST ANY DISABILITIES: \_\_\_\_\_  
\_\_\_\_\_

**CRIMINAL ACTIVITIES**

DO YOU HAVE ANY CRIMINAL CHARGES PENDING? YES / NO

ARE YOU CURRENTLY ON PAROLE? YES / NO

PAROLE OFFICER: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ARE YOU CURRENTLY ON PROBATION? YES / NO

PROBATION OFFICER: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ARE YOU CURRENTLY SUBJECT TO A DOMESTIC VIOLENCE PROTECTION ORDER? YES / NO

CHARGE 1: \_\_\_\_\_ CHARGE 2: \_\_\_\_\_

DATE: \_\_\_\_\_ DATE: \_\_\_\_\_

SENTENCE: \_\_\_\_\_ SENTENCE: \_\_\_\_\_

## HOUSING

DWELLING MONTHLY EXPENSES: YES / NO INCLUDES TAXES & INSURANCE? YES / NO

ARE YOU A HOME OWNER? YES / NO SECOND MORTGAGE? YES / NO

### MORTGAGE 1

TOTAL AMOUNT: \_\_\_\_\_  
FAIR MARKET VALUE: \_\_\_\_\_  
NAME ON DEED 1: \_\_\_\_\_  
NAME ON DEED 2: \_\_\_\_\_  
HELOC NAME 1: \_\_\_\_\_  
HELOC NAME 2: \_\_\_\_\_

### MORTGAGE 2

TOTAL AMOUNT: \_\_\_\_\_  
FAIR MARKET VALUE: \_\_\_\_\_  
NAME ON DEED 1: \_\_\_\_\_  
NAME ON DEED 2: \_\_\_\_\_  
HELOC NAME 1: \_\_\_\_\_  
HELOC NAME 2: \_\_\_\_\_

## MOTOR VEHICLES

### VEHICLE 1

KIND: \_\_\_\_\_  
OWNER: \_\_\_\_\_  
YEAR: \_\_\_\_\_ PURCHASE DATE: \_\_\_\_\_  
MAKE: \_\_\_\_\_ MONTHLY PAYMENT: \_\_\_\_\_  
MODEL: \_\_\_\_\_ VALUE: \_\_\_\_\_  
TAG: \_\_\_\_\_  
COLOR: \_\_\_\_\_  
VIN: \_\_\_\_\_

### VEHICLE 2

KIND: \_\_\_\_\_  
OWNER: \_\_\_\_\_  
YEAR: \_\_\_\_\_ PURCHASE DATE: \_\_\_\_\_  
MAKE: \_\_\_\_\_ MONTHLY PAYMENT: \_\_\_\_\_  
MODEL: \_\_\_\_\_ VALUE: \_\_\_\_\_  
TAG: \_\_\_\_\_  
COLOR: \_\_\_\_\_  
VIN: \_\_\_\_\_

### VEHICLE 3

KIND: \_\_\_\_\_  
OWNER: \_\_\_\_\_  
YEAR: \_\_\_\_\_ PURCHASE DATE: \_\_\_\_\_  
MAKE: \_\_\_\_\_ MONTHLY PAYMENT: \_\_\_\_\_  
MODEL: \_\_\_\_\_ VALUE: \_\_\_\_\_  
TAG: \_\_\_\_\_  
COLOR: \_\_\_\_\_  
VIN: \_\_\_\_\_

### VEHICLE 4

KIND: \_\_\_\_\_  
OWNER: \_\_\_\_\_  
YEAR: \_\_\_\_\_ PURCHASE DATE: \_\_\_\_\_  
MAKE: \_\_\_\_\_ MONTHLY PAYMENT: \_\_\_\_\_  
MODEL: \_\_\_\_\_ VALUE: \_\_\_\_\_  
TAG: \_\_\_\_\_  
COLOR: \_\_\_\_\_  
VIN: \_\_\_\_\_

## **FAMILY AND CHILDREN**

Number of Children: \_\_\_\_\_ (if greater than 4, please request additional Family Intake Forms)

### **Child 1**

FIRST NAME: \_\_\_\_\_

MIDDLE NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

BIO-MOTHER: \_\_\_\_\_

BIO-FATHER: \_\_\_\_\_

GUARDIAN 1: \_\_\_\_\_

GUARDIAN 2: \_\_\_\_\_

ADDRESS 1: \_\_\_\_\_

ADDRESS 2: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ CELL: \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_

YEAR-ROUND SCHOOL? YES / NO TRACK: \_\_\_\_\_

COMMENTS/SPECIAL NEEDS: \_\_\_\_\_

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### **Child 2**

FIRST NAME: \_\_\_\_\_

MIDDLE NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

BIO-MOTHER: \_\_\_\_\_

BIO-FATHER: \_\_\_\_\_

GUARDIAN 1: \_\_\_\_\_

GUARDIAN 2: \_\_\_\_\_

ADDRESS 1: \_\_\_\_\_

ADDRESS 2: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ CELL: \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_

YEAR-ROUND SCHOOL? YES / NO TRACK: \_\_\_\_\_

COMMENTS/SPECIAL NEEDS: \_\_\_\_\_

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### **Child 3**

FIRST NAME: \_\_\_\_\_

MIDDLE NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

BIO-MOTHER: \_\_\_\_\_

BIO-FATHER: \_\_\_\_\_

GUARDIAN 1: \_\_\_\_\_

GUARDIAN 2: \_\_\_\_\_

ADDRESS 1: \_\_\_\_\_

ADDRESS 2: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ CELL: \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_

YEAR-ROUND SCHOOL? YES / NO TRACK: \_\_\_\_\_

COMMENTS/SPECIAL NEEDS: \_\_\_\_\_

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### **Child 4**

FIRST NAME: \_\_\_\_\_

MIDDLE NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

BIO-MOTHER: \_\_\_\_\_

BIO-FATHER: \_\_\_\_\_

GUARDIAN 1: \_\_\_\_\_

GUARDIAN 2: \_\_\_\_\_

ADDRESS 1: \_\_\_\_\_

ADDRESS 2: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ CELL: \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_

YEAR-ROUND SCHOOL? YES / NO TRACK: \_\_\_\_\_

COMMENTS/SPECIAL NEEDS: \_\_\_\_\_

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## CPS INCIDENTS

HAVE CPS EVER BEEN INVOLVED WITH YOUR FAMILY? YES / NO

### INCIDENT 1

BEGINNING DATE: \_\_\_\_\_  
REASON: \_\_\_\_\_  
SOCIAL WORKER 1: \_\_\_\_\_  
SOCIAL WORKER 2: \_\_\_\_\_  
FILE CLOSING DATE: \_\_\_\_\_  
CLOSING REASON: \_\_\_\_\_

### INCIDENT 2

BEGINNING DATE: \_\_\_\_\_  
REASON: \_\_\_\_\_  
SOCIAL WORKER 1: \_\_\_\_\_  
SOCIAL WORKER 2: \_\_\_\_\_  
FILE CLOSING DATE: \_\_\_\_\_  
CLOSING REASON: \_\_\_\_\_

## CURRENT RELATIONSHIP

ARE YOU CURRENTLY MARRIED? YES / NO

SPOUSE'S NAME: \_\_\_\_\_

## LEGAL & CASE INFORMATION

### MY CASE CONCERNS (Please check all that apply)

- |  |                                     |   |
|--|-------------------------------------|---|
| <input type="checkbox"/> CUSTODY                         | <input type="checkbox"/> DIVORCE    | <input type="checkbox"/> SEPARATION AGREEMENT         |
| <input type="checkbox"/> CHILD SUPPORT                   | <input type="checkbox"/> ALIMONY    | <input type="checkbox"/> PROPERTY SETTLEMENT          |
| <input type="checkbox"/> PARENT COORDINATOR              | <input type="checkbox"/> PRENUP     | <input type="checkbox"/> ESTATE MGMT/PLANNING         |
| <input type="checkbox"/> CHILD PROTECTIVE SERVICES (CPS) | <input type="checkbox"/> POSTNUP    | <input type="checkbox"/> WILLS / TRUSTS               |
|  | <input type="checkbox"/> LITIGATION | <input type="checkbox"/> DIVISION OF MARITAL PROPERTY |

### PLEASE BRIEFLY DESCRIBE YOUR LEGAL QUESTION OR SITUATION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IS YOUR SPOUSE THE OPPOSING PARTY? YES / NO

### ABOUT THE OPPOSING PARTY:

FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_ LAST: \_\_\_\_\_  
PREFERRED SALUTATION / PRONOUN: \_\_\_\_\_ TITLE / SUFFIX: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ SSN: \_\_\_\_\_  
DRIVER'S LICENSE NUMBER: \_\_\_\_\_ DL STATE: \_\_\_\_\_

IS THEIR DRIVER'S LICENSE CURRENTLY REVOKED? YES / NO

**OPPOSING PARTY'S CONTACT**

PHYSICAL & POST  
**anything**

Check if you do not want us to mail them

HOME / BUSINESS / OTHER: \_\_\_\_\_

STREET ADDRESS / P.O. BOX: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE

HOME: \_\_\_\_\_ CELL: \_\_\_\_\_

WORK: \_\_\_\_\_ OTHER: \_\_\_\_\_

E-MAIL \_\_\_\_\_

**OPPOSING PARTY'S EMPLOYMENT**

EMPLOYER: \_\_\_\_\_ START DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ ANNUAL SALARY: \_\_\_\_\_

POSITION: \_\_\_\_\_ SALARY MONTHLY (NET): \_\_\_\_\_

EMPLOYER PAY SALARY MONTHLY

FREQUENCY: \_\_\_\_\_ (GROSS): \_\_\_\_\_

EMPLOYMENT START DATE: \_\_\_\_\_

**OPPOSING PARTY'S EDUCATION & CERTIFICATIONS**

EDUCATION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HIGHEST DEGREE ATTAINED: \_\_\_\_\_

CERTIFICATIONS: \_\_\_\_\_

SPECIALTY: \_\_\_\_\_

**OPPOSING PARTY'S HEALTH**

HAVE THEY EVER BEEN COMMITTED TO A MENTAL INSTITUTION INVOLUNTARILY? YES / NO

LIST ANY MENTAL HEALTH DIAGNOSES: \_\_\_\_\_

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DO THEY HAVE A DRUG OR ALCOHOL PROBLEM? YES / NO

LIST ANY DRUG PREFERENCES, AND ANY OTHER VICES: \_\_\_\_\_

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LIST ANY MEDICATIONS THEY ARE CURRENTLY PRESCRIBED: \_\_\_\_\_

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LIST ANY DISABILITIES: \_\_\_\_\_

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***OPPOSING PARTY'S CRIMINAL ACTIVITIES***

DO THEY HAVE ANY CRIMINAL CHARGES PENDING? YES / NO

ARE THEY CURRENTLY ON PAROLE? YES / NO

PAROLE OFFICER: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ARE THEY CURRENTLY ON PROBATION? YES / NO

PROBATION OFFICER: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ARE THEY CURRENTLY SUBJECT TO A DOMESTIC VIOLENCE PROTECTION ORDER? YES / NO

CHARGE 1: \_\_\_\_\_ CHARGE 2: \_\_\_\_\_

DATE: \_\_\_\_\_ DATE: \_\_\_\_\_

SENTENCE: \_\_\_\_\_ SENTENCE: \_\_\_\_\_

***OPPOSING PARTY'S HOUSING***

DWELLING MONTHLY EXPENSES: YES / NO INCLUDES TAXES & INSURANCE? YES / NO

ARE THEY A HOME OWNER? YES / NO SECOND MORTGAGE? YES / NO

MORTGAGE 1

MORTGAGE 2

TOTAL AMOUNT: \_\_\_\_\_ TOTAL AMOUNT: \_\_\_\_\_

FAIR MARKET VALUE: \_\_\_\_\_ FAIR MARKET VALUE: \_\_\_\_\_

NAME ON DEED 1: \_\_\_\_\_ NAME ON DEED 1: \_\_\_\_\_

NAME ON DEED 2: \_\_\_\_\_ NAME ON DEED 2: \_\_\_\_\_

HELOC NAME 1: \_\_\_\_\_ HELOC NAME 1: \_\_\_\_\_

HELOC NAME 2: \_\_\_\_\_ HELOC NAME 2: \_\_\_\_\_

**OPPOSING PARTY'S MOTOR VEHICLES**

**VEHICLE 1**

KIND: \_\_\_\_\_  
OWNER: \_\_\_\_\_  
YEAR: \_\_\_\_\_ PURCHASE DATE: \_\_\_\_\_  
MONTHLY PAYMENT: \_\_\_\_\_  
MAKE: \_\_\_\_\_ VALUE: \_\_\_\_\_  
MODEL: \_\_\_\_\_  
TAG: \_\_\_\_\_  
COLOR: \_\_\_\_\_  
VIN: \_\_\_\_\_

**VEHICLE 2**

KIND: \_\_\_\_\_  
OWNER: \_\_\_\_\_  
YEAR: \_\_\_\_\_ PURCHASE DATE: \_\_\_\_\_  
MONTHLY PAYMENT: \_\_\_\_\_  
MAKE: \_\_\_\_\_ VALUE: \_\_\_\_\_  
MODEL: \_\_\_\_\_  
TAG: \_\_\_\_\_  
COLOR: \_\_\_\_\_  
VIN: \_\_\_\_\_

**OPPOSING PARTY'S FAMILY AND CHILDREN**

**Child 1**

FIRST NAME: \_\_\_\_\_  
MIDDLE NAME: \_\_\_\_\_  
LAST NAME: \_\_\_\_\_  
DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
BIO-MOTHER: \_\_\_\_\_  
BIO-FATHER: \_\_\_\_\_  
GUARDIAN 1: \_\_\_\_\_  
GUARDIAN 2: \_\_\_\_\_  
ADDRESS 1: \_\_\_\_\_  
ADDRESS 2: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_ CELL: \_\_\_\_\_  
SCHOOL NAME: \_\_\_\_\_  
YEAR-ROUND SCHOOL? YES / NO TRACK: \_\_\_\_\_  
COMMENTS/SPECIAL NEEDS: \_\_\_\_\_

**Child 3**

FIRST NAME: \_\_\_\_\_  
MIDDLE NAME: \_\_\_\_\_  
LAST NAME: \_\_\_\_\_  
DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
BIO-MOTHER: \_\_\_\_\_  
BIO-FATHER: \_\_\_\_\_  
GUARDIAN 1: \_\_\_\_\_  
GUARDIAN 2: \_\_\_\_\_  
ADDRESS 1: \_\_\_\_\_  
ADDRESS 2: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_ CELL: \_\_\_\_\_  
SCHOOL NAME: \_\_\_\_\_  
YEAR-ROUND SCHOOL? YES / NO TRACK: \_\_\_\_\_  
COMMENTS/SPECIAL NEEDS: \_\_\_\_\_

**OPPOSING PARTY'S CHILD PROTETIVE SERVICES INTERACTIONS**

HAVE CPS EVER BEEN INVOLVED WITH YOUR FAMILY? YES / NO

INCIDENT 1

BEGINNING DATE: \_\_\_\_\_  
REASON: \_\_\_\_\_  
SOCIAL WORKER 1: \_\_\_\_\_

INCIDENT 2

BEGINNING DATE: \_\_\_\_\_  
REASON: \_\_\_\_\_  
SOCIAL WORKER 1: \_\_\_\_\_



**OPPOSING PARTY'S CURRENT RELATIONSHIP**

ARE THEY CURRENTLY MARRIED? YES / NO

SPOUSE'S NAME: \_\_\_\_\_

**MARRIAGE / RELATIONSHIP INFORMATION**

DATE OF MARRIAGE: \_\_\_\_\_ MARRIAGE COUNTY: \_\_\_\_\_  
DATE OF SEPARATION: \_\_\_\_\_ DATE OF DIVORCE: \_\_\_\_\_

**OPPOSING COUNSEL / ATTORNEY**

HAVE YOU RECEIVED A SUMMONS, COMPLAINT, OR OTHER CORRESPONDENCE FROM AN OPPOSING ATTORNEY? YES / NO

NAME: \_\_\_\_\_  
LAW FIRM: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

**COURT INFORMATION**

FILE NUMBER: \_\_\_\_\_ PARTY: PLAINTIFF / DEFENDANT  
COUNTY OF FILING: \_\_\_\_\_ DATE OPENED: \_\_\_\_\_  
STATE OF JURISDICTION: \_\_\_\_\_ COUNTY OF JURISDICTION: \_\_\_\_\_  
JUDGE: \_\_\_\_\_  
ORDERS ENTERED: \_\_\_\_\_  
STATUTE OF LIMITATIONS: \_\_\_\_\_

**ANY ADDITIONAL INFORMATION YOUR ATTORNEY SHOULD KNOW:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WHAT ARE YOUR EXPECTATIONS REGARDING YOUR ATTORNEY:**

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# RALEIGH LAW CENTER

9380 Falls of Neuse Rd. Suite 201  
Raleigh, North Carolina 27615  
919.268.4070 / Fax: 919.720-4838

## INITIAL INFORMATION ON FEES

Because we want our clients to fully understand the fees and costs associated with our services, we ask each client to read the following and sign this letter at the bottom.

1. We charge our clients as follows:
  - a. Initial Interview. Ms. Hopkins' rate is \$325.00 (flat fee) and after that she charges \$325.00 per hour. Ms. Kozlowski's rate is \$250.00 (flat fee) for the first hour; after that she charges \$250.00 per hour. Any time over the first hour is pro-rated. **The client is expected to pay for the initial interview at the time it is concluded. We accept cash or checks only.**
  - b. Hourly Rates. All in office work on behalf of a client is charged at the rate of \$325.00 per hour for Ms. Hopkins and \$250.00 for Ms. Kozlowski.
  - c. Other Costs. Filing a civil complaint for any matter other than a divorce costs \$150.00 in Wake County. A complaint for a divorce costs \$225.00 (with an additional \$10.00 fee for name change). The service of process fee by the Sheriff's Department is \$30.00. Counterclaims cost \$150.00. Notice of hearing costs \$20.00. **These court costs and fees are subject to change at any time at the discretion of the Clerk of Court.** Certified Paralegal work is charged at \$150.00 per hour. Paralegal / law clerk charges are \$90.00 per hour. Non-paralegal work is billed at \$75.00 per hour.
  - d. Flat Fee. Certain work is performed on a flat fee basis. All of those are outlined fully in our legal services contract.
  - e. Return check fee: If a personal check bounces for insufficient funds, Client will be required to pay a \$50.00 processing fee in addition to the full amount of the check within forty-eight hours of being notified and all future payments must be made in the form of cash, money order, or certified check.
  - f. Reservation Fee. The firm charges a flat reservation fee of \$250.00 for the exclusive use of its services and for the forgone work of other potential clients if and when the Firm agrees to take your case. This fee is discussed further on the face of the contract that you will sign should you decide to retain Hopkins Law Firm, PC.
2. We bill on a monthly basis and you are expected to pay the balance shown and any additional fees shown upon receipt of the statement. If suit is necessary to recover attorney's fees due, the client agrees to pay fifteen percent (15%) of the amount claimed as additional attorney's fees in such action.

**I HAVE READ THIS LETTER AND AGREE TO BE RESPONSIBLE FOR THE ABOVE CHARGES.**

\_\_\_\_\_  
Signature of Client (SEAL)      Date: \_\_\_\_\_