

Information or instructions: ~~Short attorney fee agreement for hourly clients.~~

PREVIEW

1. The following form is a short written fee contract that may be used to employ the attorney.
2. The agreement is shorter than the standard written contract which follows this form.
3. This form may be preferable in some instances (if it is believed that a long agreement would confuse or scare the client).

Form: Short attorney fee agreement for hourly clients.

FEE AGREEMENT FOR LEGAL SERVICES

I, the "Client" employ [Attorney's name], the "Attorneys," to represent me in the following described legal matter.

PLEASE DO NOT COPY

[Describe the legal services to be furnished]

The attorneys' minimum estimated legal fee in this matter is \$[Amount]. In the event the total value of Attorneys' time at \$[Hourly rate] per hour exceeds this stated fee, then the Client agrees to pay the total hourly charges, instead of the stated minimum fee.

In addition to legal fees, Client also agrees to pay all reasonable expenses incurred by Attorneys in this matter, including but not limited to, postage, copies, long distance telephone calls, travel and filing fees, etc.

THIS DOCUMENT

Responsibility to provide legal services will be accepted and work will begin when Attorneys receive \$[Amount] as an advance deposit against the above stated minimum fee and expenses. The minimum fee is deposit is non-refundable; the cost deposit is refundable, less expenses actually incurred.

Attorneys are authorized to employ other persons or firms deemed necessary for the proper handling of this matter, at Client's expense, subject to the professional responsibility requirements to which Attorneys are subject to. This right shall not obligate the Client for any expense more than \$500 without the Client's prior approval.

Unpaid legal fees and expenses, if not paid within 30 days of the billing date shall accrue interest at the rate of [Amount] percent per annum until paid.

THANK YOU

Should the Attorneys find it necessary to resort to litigation in order to collect the attorneys' fees and expenses owed pursuant to this Agreement, then the Client shall be liable for reasonable attorneys' fees, costs, and expenses thereby incurred. Venue for any action shall be in [City], [County's name] County, Texas.

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Attorneys have the right to cease legal work and withdraw from representing the Client and keep all funds received for legal services and expenses if Client does not make payments as requested by Attorneys, subject to the professional responsibility requirements to which Attorneys are subject.

Any sums collected from any opposing party will, when received by Attorneys, be first credited against the Client's obligation to the Attorneys.

No promise or guarantee has been made as to the outcome of this matter. I acknowledge that the Attorneys may engage other attorneys to work on my case or the Attorneys may refer my case to another law firm and may receive a referral fee from the other attorney.

All rights and obligations owed to our firm by your company and you individually, shall be joint and several as indicated in the spaces provided for below.

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TAX DISCLOSURE AND ACKNOWLEDGMENT:

THE CLIENT IS ADVISED TO OBTAIN INDEPENDENT AND COMPETENT TAX ADVICE REGARDING HIS OR HER LEGAL MATTERS SINCE LEGAL TRANSACTIONS CAN GIVE RISE TO TAX CONSEQUENCES.

THE CLIENT SHOULD HAVE HIS OR HER CERTIFIED PUBLIC ACCOUNTANT OR TAX ATTORNEY DETERMINE IF THE ESTATE IS TAXABLE AND IF THE LEGAL WORK THAT IS TO BE PERFORMED UNDER THIS AGREEMENT, HAS OR MAY HAVE TAX IMPLICATIONS OR CONSEQUENCES TO THE CLIENT OR ANY OF THE CLIENT'S INTERESTS.

THE UNDERSIGNED LAW FIRM AND ATTORNEY HAVE NOT AGREED TO RENDER ANY TAX ADVICE AND ARE NOT RESPONSIBLE FOR ANY ADVICE REGARDING TAX MATTERS OR PREPARATION OF TAX RETURNS, OR OTHER FILINGS, INCLUDING, BUT NOT LIMITED TO, STATE AND FEDERAL INCOME TAX RETURNS.

Client has read this Agreement and agrees to each of the terms and conditions stated in it.

Signed on _____.

THANK YOU
[Client's name]

[Attorney's name]

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Information or instructions: ~~Client information and authorization form~~

PREVIEW

1. This form authorizes the attorney to obtain the client's medical and other records.

Form: Client information and authorization form

[Date]:

AUTHORIZATION TO FURNISH STATEMENTS, INFORMATION AND RECORDS

[Client's name]

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THIS DOCUMENT MAY CONCERN:

You are hereby notified that I have hired an attorney to handle a legal matter for me. I have requested my attorney to obtain any and all information that you may have in your possession regarding me, including but not limited to letters written to or from me, statements taken from me or any other information that you may have concerning me or any other person who was involved in the following incident: [Describe the claim or legal matter the names of the persons who were involved in the matter or may have records that the client is entitled to]

[Person's names]

You are authorized and directed to permit the examination of, and copying, or reproduction in any manner whether mechanical, photographic, or otherwise by my attorney, [attorney's name], of the law firm of [Law firm name], or such other person as he or she may authorize, or all or any portions desired by him or her of the above requested information and any of the following information:

THIS DOCUMENT

[List the requested information, for example in a medical or personal injury matter:

1. Hospital records, x-rays, x-ray readings and reports, laboratory records and reports, all tests of any type, character, and reports thereof, statements of charges, any and all of my records pertaining to any and all hospitalization, history, condition, treatment, diagnosis, prognosis, etiology, or expense;
2. Medical reports and/or medical narratives, medical records, including patient's records cards, x-rays, x-ray readings and reports, laboratory records and reports, all tests of any type or character and reports thereof, statements of charges, and any and all of my records pertaining to any and all medical care, history, condition, treatment, diagnosis, prognosis, etiology, or expense.

THANK YOU

You are further authorized and directed to furnish oral and written reports and/or narratives to my attorney or his or her representative.

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You are requested to treat the above information as confidential and requested not to furnish any of such information in any form to anyone other than my attorney named above without written authorization from me.

PREVIEW

Signed on _____.

[Client's name]

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THIS DOCUMENT

THANK YOU

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Information or instructions: Transmittal Letter to a new client regarding the fee agreement & client information

PREVIEW

1. The following letter is confirms a meeting or phone conversation whereby the client requested the attorney to perform legal services.

Form: Transmittal Letter to a new client regarding the fee agreement & client information

[Date]

ATTORNEY-CLIENT COMMUNICATION: THIS DOCUMENT AND ITS CONTENTS CONSTITUTE LEGALLY PRIVILEGED INFORMATION

[Client's name]
[Client's address]

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Dear [Client's salutation]

Enclosed in this envelope is the information which I referred to in our discussion. Please review the enclosed letters and documents. Thereafter, please sign your name on the appropriate lines which require your signature. We have placed "signature tabs" on the pages which you should sign.

After you have signed the papers, please return the following original documents to my office:

1. Attorney-Consultation & Fee Contract and
2. Authorization for Information, Records & Statements.

THIS DOCUMENT

After we have received the papers, we can begin to represent you. You should keep a copy of the above documents for your records.

Please carefully read the "New Client Information Letter". After you have read the letters, please complete the Client Information Form and return it to my office. If you need assistance in completing any of the forms, or have questions, please call me.

Very truly yours,

THANK YOU

[Attorney's name]

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