



FEE AGREEMENT FOR PSYCHOLOGICAL EXPERT WITNESS WORK

This document constitutes a contract between Steven R. Farmilant, Psy.D. and the undersigned law firm or individual attorney for services performed by Dr. Farmilant in the matter entitled:

\_\_\_\_\_

I/We agree to prompt payment of Dr. Farmilant's bills for her work performed according to the following fee schedule:

I. For work of a non-testimonial nature, including but not limited to psychological evaluations, written or oral reports, consultations with attorneys or their agents, review of records, and any travel pursuant to the above, the fee will be \$200.00 per hour billed in 15 minute increments. Appointments missed without cancellation will be billed at the usual rate for the number of hours missed.

II. For work of a testimonial nature, including travel to the site at which testimony shall be given and any time spent waiting to give testimony, the fee will be \$300.00 per hour with a minimum of four hours.

III. For any work requiring travel outside of Chicago, Illinois, reasonable travel costs will be billed.

I understand that I, an individual attorney, or we, this law firm, constitute Dr. Farmilant's client and hold direct responsibility for payment of bills to him. I understand that any arrangements that I make with my client to obtain funds for my payments to Dr. Farmilant are independent of this agreement. I will not ask Dr. Farmilant to enter into fee agreements with any other parties, including my client, to satisfy my indebtedness to him. I understand that Dr. Farmilant cannot bill for his work on a contingent fee basis.

I understand that any bills in arrears at the end of the calendar month will be charged a late fee of 1.5% per month.

I understand that any bills in arrears for more than three months may be sent to collection at Dr. Farmilant's discretion. If this becomes necessary, I understand that I will also be responsible for any additional costs incurred by Dr. Farmilant in order to collect fees due. I understand that Dr. Farmilant may decline to do further work on any matter where the bill is more than three months past due until payment is made.

In the event that litigation is necessary to enforce this agreement the prevailing party shall be entitled to reasonable attorney's fees and costs of collection. Venue shall be in Cook County, Illinois.

Signed \_\_\_\_\_ Date \_\_\_\_\_

For (Name of firm) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_