

Schachner Associates, P.C.

Comprehensive Psychological Services

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FEE AGREEMENT FOR FORENSIC PSYCHOLOGICAL WORK

This document constitutes a contract between Schachner Associates, P.C. (hereafter Schachner Associates), and the undersigned individual, attorney, or law firm for services provided in the matter entitled:

I/We agree to the payment of professional fees, paid in advance, in the form of a retainer. Billing will then occur for additional charges on a monthly basis according to the following fee schedule. Outstanding balances beyond this retainer are due prior to testimony or release of written reports.

Retainer: \$_____.

Services provided:

Basic collateral data review; initial consultation; consultation outside of an evaluation; court-ordered therapy, including co-parent counseling and reunification therapy: **Charged at \$250.00** per hour or portion thereof in 10 minute increments.

Forensic evaluations; Expert witness record reviews; research; review of records; correspondence; written or oral reports; consultation with attorneys: **Charged at \$300.00** per hour or portion thereof in 10 minute increments.

Testimonial Work: \$300.00 per hour, minimum charge 2 hours. Full day includes a 1 hour break. Court appearance charge in half or full day amounts, unless falls under 2 hour minimum.

Travel: When over 20 minutes, **\$250/hour** or part thereof.

Administrative Charges: Costs for time and personnel (outside of psychologist) for photocopying, file organization, mailings, and other like costs: **Charged at \$100.00** per hour or portion thereof in 10 minute increments.

Cancellation/Refunds:

a. Non-Testimonial Work:

- No refund for missed appointments or cancellations without 24 hours' notice.
- Cancellation must occur one business day before the weekend or holiday.

b. Testimonial Work:

- 100% refund if cancellations occur more than five (5) business days in advance.
- No refund if cancellations occur fewer than five (5) business days in advance.
- Cancellation notice requires direct verbal communication with the Practice Manager, the psychologist, or his/her agent.
- Refunds are not due when time spent at trial is less than scheduled.
- Payment is based upon time preservation, not active testimony alone. No refund for partial usage.

Your signature indicates acceptance of responsibility for payment. Your signature identifies you as the client of Schachner Associates.

Name in Print

Signature

Address

Phone: Cell

Phone: Work

(Schachner Associates may employ legal services to collect any balance that is overdue for more than three months. The signer accepts responsibility for any additional costs incurred by Schachner Associates to collect fees due.)