LAW FIRM RETAINER AGREEMENT

I hereby retain T. Daniel Frith, III and Lauren M. Ellerman of FRITH ELLERMAN & DAVIS LAW FIRM, PC, 303 Washington Avenue SW, Roanoke (City), Virginia 24016-4311 (hereinafter referred to as “the Firm”), to represent me for evaluation and advice about my / my company's employment agreement / situation. For services rendered in connection with this representation, I agree to pay a fee as computed below, and I also agree to reimburse the Firm for all costs and expenses advanced on my behalf.

The hourly rates for the work on my case shall be as follows:

* $250 per hour (Frith);
* $225 (Ellerman).

Further, I agree to pay a retainer of $750 to begin representation, from which fees and costs will be deducted. I understand that any unused retainer, if any, will be refunded to me. If fees and costs exceed the paid retainer, I will be billed for the additional fees and costs and pay the same promptly. If it is determined that an additional retainer will be needed before further representation (such as for extended negotiations with an employer or pending litigation), I agree to supply those funds if requested.

I acknowledge that neither the Firm nor any attorney has made any promises or guarantee as to the results or outcome of the matter(s).

**THIS IS A BINDING LEGAL DOCUMENT. MAKE SURE YOU COMPLETELY UNDERSTAND IT AND AGREE TO IT BEFORE SIGNING IT.**

I agree that I have fully read, and I completely understand, all the terms above this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and I intend to be fully bound thereby. I further acknowledge that a photocopy of this retainer agreement shall serve as fully as the original and that this Retainer Agreement was executed in the City/County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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Signature of client Client’s company/employer

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

Printed, full name of client Client’s phone number

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

Street address of client (incl. apt. number) Client’s email address

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

City, state, and zip code of client

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

Client’s social security number Client’s date of birth

**CREDIT CARD INFORMATION**

Card type (check one): Visa Mastercard Discover

Name of cardholder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of cardholder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Three-digit V code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

on back of card: