LAW FIRM RETAINER AGREEMENT

I hereby retain T. Daniel Frith, III, 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 with regard to evaluation and advice of 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: $225 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/costs exceed the paid retainer, I will be billed for the additional fees/costs and pay same promptly. If it is determined that an additional retainer will be needed prior to further representation (such as for extended negotiations with employer or pending litigation), I agree to supply those funds if requested.

I acknowledge that neither the Firm, nor the 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2019 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**

Please circle: VISA / Mastercard / Discover

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

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

Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Three-digit V Code on Back of Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_