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FEE AGREEMENT FOR PSYCHOLOGICAL EXPERT WITNESS WORK

This document constitutes a contract between Laura S. Brown, Ph.D. and the undersigned law firm or individual attorney for services performed by Dr. Brown in the matter entitled:

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I/We agree to prompt payment of Dr. Brown'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, preparation for testimony, and any travel pursuant to the above, the fee will be $450.00 per hour or portion thereof. Appointments missed without cancellation will be billed at the usual rate.

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 $500.00 per hour or portion thereof.

III. For any work requiring travel outside of King, Pierce, or Snohomish counties, Washington, reasonable travel costs will be reimbursed. A day rate of 4000.00 will be charged in lieu of the hourly fee for time spent of less than eight hours.

IV. Costs for materials, photocopying, duplication of tapes and other costs incidental to the performance of work that the client requests will be charged separately and are the client's responsibility.

I understand that I, an individual attorney, or we, this law firm, constitute Dr. Brown's client and hold direct responsibility for payment of bills to her. I understand that any arrangements that I make with my client to obtain funds for my payments to Dr. Brown are independent of this agreement. I will not ask Dr. Brown to enter into fee agreements with any other parties, including my client, to satisfy my indebtedness to her. I understand that Dr. Brown cannot bill for her 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. Brown's discretion. If this becomes necessary, I understand that I will also be responsible for any additional costs incurred by Dr. Brown in order to collect fees due. I understand that Dr. Brown may decline to do further work on any matter where the bill is more than three months past due until payment in full has been 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 King County Washington.

Signed____ Date__________________

For (Name of firm)____

Address____

Phone___________________________________ Fax____

Email____