

TERRY M. MALLERY
A PROFESSIONAL LAW CORPORATION

TO PROSPECTIVE CLIENTS

The focus of the practice is business, real estate, and estate planning, with an emphasis on business and tax planning, and the legal steps necessary to implement the decisions made, such as formation of partnerships and corporations; drafting contracts, leases and notes; real estate transactions, wills and trusts, sales of business and tax disputes. Mr. Mallery and Ms. DeMaria are also licensed real estate brokers.

Fees are generally charged at a rate of \$350 per hour for Terry M. Mallery, \$250 per hour for Kristin M. DeMaria, and paralegal fees of \$150.00 per hour. You will also be billed for all costs and expenses. An \$100 fee will be charged for the first half hour of the first consultation. Sometimes a flat fee may be appropriate, depending on the nature of the case. A significant advance payment will be necessary prior to beginning work on the case. If the fees exceed the amount paid, another deposit will be necessary to continue the work. A late charge will be charged on all past due accounts at the rate of 18% per year.

Please review the attached Fee Agreement and feel free to openly discuss the manner in which fees are determined and billed. It will be completed and signed if and when we have agreed to take your case and you have agreed to the terms of the Agreement for Legal Services.

Office hours are Monday through Friday from 8:30 a.m. to 5:30 p.m. Special arrangements may be made for appointments outside of office hours.

NAME: _____

RESIDENCE ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

E-MAIL ADDRESS (RESIDENCE): _____

BUSINESS ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ CELL: _____

FAX: _____ Tax ID No. (if applicable) _____

E-MAIL ADDRESS _____

BILLING ADDRESS (Check one) RESIDENCE: _____ BUSINESS: _____

Business Bank (if applicable) _____

SPOUSE: _____

ADVERSE PARTY: (if any) _____

ADDRESS: _____

PURPOSE OF YOUR CONSULTATION: _____

YOUR ACCOUNTANT AND/OR TAX RETURN PREPARER: _____

PERSON WHO REFERRED YOU: (IF ANY) _____

Dated: _____

Signature