

FEE AGREEMENT

TO: TRACY D. GALLOWAY, ESQ., M.A.
GALLOWAY LAW & CONSULTING, 108 Williams Street, Wrentham, MA 02093

FROM: _____
Client(s) Name(s) Full Address

Cell

Electronic Mail Address

I, hereby employ and engage you for **CONSULTATION ONLY** regarding:

RATE, RETAINER, SERVICES, COSTS:

1. I understand that the hourly rate for consultation time is \$450.00 per hour, to be paid by advance agreement with Attorney Galloway by one of the following means: Venmo (@Tracy-Galloway-7), money order, or bank check, in advance or concurrent with any in-person, telephone, video, or electronic mail consultation time scheduled with Attorney Galloway.
2. At the conclusion of this consultation arrangement, I understand that you will destroy all copies of any documents that I provide to you for our discussion, and that you will retain no copies, and I consent to this arrangement.
3. This contract does not obligate Galloway Law & Consulting to represent me in any court action, to confer or negotiate with any attorney or with the other party, or to assist in connection with any matter other than that specified herein without a separate agreement.

CLIENT RIGHTS AND OBLIGATIONS:

4. I agree to keep you fully informed as to my circumstances or any changes in my status, and of my whereabouts in order that I may be contacted promptly. I shall respond promptly to any contact by you or your assistant, by telephone, email or texting. I will not, under any circumstances, contact the opposing attorney, the Judge or any employee of the Court personally, nor will I contact or in any way communicate with any member of the media regarding this matter.
5. I understand that I have certain obligations in this matter, including an obligation of complete honesty and full disclosure to you of any and all facts and circumstances surrounding this matter. I also understand that the quality of advice and representation I receive is directly related to (a) my responsiveness to your communications by telephone and electronic mail and (b) the quality of information that I provide to you.
6. I understand that I have the right to talk to any other lawyer(s) before signing this agreement, or at any time at all; indeed, I have been encouraged to do so. I also understand that no results have been guaranteed to me, and that this agreement is not based upon any promise of outcome.
7. I have read and fully understand the foregoing Fee/Retainer Agreement, and I agree to these terms. I acknowledge that this Fee/Retainer Agreement shall only become valid and binding upon the signature of Tracy D. Galloway of Galloway Law & Consulting, as of the date signed below.

DATE: _____ X _____ CLIENT

Pre-payment & Time Reserved \$ _____

DATE: _____ X _____
Tracy D. Galloway, Esq., M.A., GALLOWAY LAW & CONSULTING