

CLIENT CONTRACT

FOR DOCUMENT EXAMINATION SERVICES

(Please complete, sign and return along with retainer, documents being examined and any other requested material.)

Client	
Contact	
Address	
Telephone	
Fax	
Email	
Case Name & Number	

I, _____, agree to pay Travis King, Forensic Document Examiner, a non-refundable retainer of \$450.00 for a block of time to examine questioned and known writing and to render a verbal opinion on the above referenced matter. I understand that said opinion is a professional, non-biased opinion. I understand that this retainer is based on an estimated amount of time necessary for examination. Should the examination require more than the estimated amount of time, I will be notified in advance and at the depletion of the retainer, will be required to pay an additional retainer for the estimated remaining time and cost before the work is completed. I understand that if should require any additional services beyond the scope of work outlined above (written report, full detailed report, on-site examination, deposition, court appearance, etc.), there will be additional retainers/fees required for those services.

I have been furnished a full and complete Fee Schedule and agree to the terms therein for this written opinion and any additional work I require in this matter. I understand and agree that all fees are due in full, in advance of any work performed and once work has commenced, is non-refundable unless agreed upon in writing by Travis King. I understand that fees are for the work performed, time spent on the case, and expertise, and are not contingent upon the results of the case examination, opinion rendered, or testimony given. I understand that all funds must be cleared before an opinion is rendered. I understand that I am legally bound to keep this agreement and if I fail to do so, I will be responsible for any and all court or attorneys fees incurred thereof for myself as well as Travis King.

Signed _____ **Date** _____