**Sample Hourly Fee Agreement**

### [LAW FIRM] HOURLY FEE AGREEMENT

**SCOPE:** \_\_\_\_\_\_\_\_\_\_\_\_\_ hires **[NAME/LAW FIRM]** to pursue claims he or she may have in connection with [INSERT DESCRIPTION OF REPRESENTATION OF WHAT YOU SPECIFICALLY ANTICIPATE DOING, INCLUDING WHEN THE REPRESENTATION STARTS AND WHEN THE REPRESENTATION CONCLUDES (e.g. DECREE IS ENTERED). ALSO INDICATE WHAT IS NOT INCLUDED IN THIS FEE AGREEMENT, (e.g. APPEAL, MISTRIAL, QUADRO AND IF FURTHER REPRESENTATION IS NEEDED AFTER THAT A SEPARATE FEE AGREEMENT WILL BE DRAFTED).

**HOURLY FEE:** You have retained us on an hourly basis. We will bill for lawyer services at a rate of $\_\_\_\_\_\_ per hour for [NAME OF LAWYER]. Other lawyers and non-lawyer professionals may also work on your case. These other individuals will bill in accordance with the hourly rates set forth in the attached Schedule A, which is hereby incorporated into this agreement.

It is impossible to determine in advance how much time will be needed to handle your case. Any figures quoted to you for the total cost of our services are merely estimates. The opposing party, or others, may engage in activities beyond our control that require an expenditure of time not originally contemplated.

**COSTS AND EXPENSES:** You agree to pay for all actual out-of-pocket costs and expenses we incur on your behalf. Typical costs and expenses include: filing fees, service of process, depositions, expert witness fees, travel costs and expenses, long-distance telephone calls, outgoing fax (at INSERT RATE per page), Federal Express, courier services, and delivery charges, photocopying (at INSERT RATE per page), wire transfers and online database retrieval charges (Lexis, Westlaw, etc.).

We may elect to cover certain out-of-pocket costs and expenses on your behalf, but we reserve the right to seek reimbursement from you. You agree to reimburse us for such out-of-pocket costs and expenses. We will not incur costs and expenses in excess of $\_\_\_\_\_\_\_\_\_ on your behalf without first obtaining your consent.

**ADVANCED DEPOSIT(S):** You agree to pay an advanced deposit of $\_\_\_\_\_\_\_\_\_ for fees, costs and expenses. The advanced deposit(s) will be deposited into our client trust account. We will deduct fees, costs and expenses from the advanced deposit(s) as fees are earned or costs and expenses are incurred. We may require an additional advanced deposit of fees or costs and expenses. We will refund to you any balance of the advanced deposit(s) remaining after the representation has concluded.

**BILLING:** We will bill you on a monthly basis for services performed in the preceding month. The monthly statement will identify the services performed, the fees charged for those services, and costs and expenses incurred. The statement also will identify the balance of any advanced deposit(s) remaining after fees, costs and expenses set forth in the statement have been deducted. If your advanced deposit(s) has been depleted, you are expected to remit payment within 30 days of the date of the statement.

**CLIENT’S RESPONSIBILITIES:** We cannot effectively represent you without your cooperation and assistance. You agree to cooperate fully with us and to promptly provide all information known or available to us that is relevant to the representation. Your obligations include timely providing requested information and documents, assisting in discovery, disclosure and trial preparation, cooperating in scheduling and related matters, responding timely to telephone calls and correspondence, and informing us of changes in your address, telephone numbers and e-mail address. It is important that you retain all communications from and to us, including e-mails and attachments to e-mails.

**SETTLEMENT:** We will not enter into a settlement without your consent.

**DISBURSEMENTS:** The Ethical Rules place certain limitations upon the disbursement of funds from client trust accounts. In some cases, this may require us to wait 10 business days after depositing a financial instrument before disbursing the funds to you or a third party.

**TERMINATION OF REPRESENTATION AND POST-REPRESENTATION MATTERS:** Either party may terminate the representation at any time, subject to our obligations under the Rules of Professional Conduct and the approval of the court if the matter is in litigation.

Unless previously terminated, our representation will terminate upon completion of the legal services described in this agreement. You are engaging us to provide legal services in connection with the specific matter identified in this agreement. Unless you retain us to provide additional advice or services, you understand we have no continuing obligation to represent you.

**DOCUMENT RETENTION:** At the end of the representation, we will turn over the hard copy or electronic version of the file to you. If you do not want the file, you agree the file may be destroyed in accordance with our document retention policy. Currently, it is our policy to destroy files five years after the termination of the representation.

[NOTE TO LAWYER: You may need to modify the retention term depending on the type of representation and whether you have accepted original documents from the client. *See* Ariz. Ethics Op. 08-02]

**ARBITRATION OF FEE DISPUTES:** If a dispute arises between you and us regarding our fees, the parties agree to resolve that dispute through the State Bar’s Fee Arbitration Program. Either party may initiate fee arbitration by contacting the State Bar’s Fee Arbitration Coordinator at 602.340.7379.

**NO ADVICE REGARDING THIS FEE AGREEMENT:** We are not acting as your counsel with respect to this agreement. If you wish to be advised on whether you should enter into this agreement, we recommend you consult with independent counsel of your choice.

**NO GUARANTEES HAVE BEEN MADE AS TO THE FINAL OUTCOME IN YOUR LEGAL MATTER.**

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| **DATED** this day of , 20\_\_. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Client’s Name |
| **DATED** this day of , 20\_\_. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Lawyer’s Name |