

[Date]

[Client Name]

[Client Address]

[City, State, Zip Code]

Re: Retainer Policy and Billing Provisions for [Matter Name/Case Number]

Dear [Client Name],

This letter outlines the financial terms and billing procedures regarding our legal representation.

## **1. Initial Retainer**

To begin work on your matter, we require an initial retainer payment of \$[Amount]. These funds will be held in our client trust account. We will draw from this account to pay for legal fees and costs incurred. You agree to replenish the retainer to its original balance whenever the funds fall below \$[Minimum Balance].

## **2. Hourly Rates**

Services will be billed based on the time spent by our professional staff at the following hourly rates:

- Partners: \$[Amount] per hour
- Associates: \$[Amount] per hour
- Paralegals: \$[Amount] per hour

## **3. Costs and Expenses**

In addition to legal fees, you are responsible for out-of-pocket expenses, including but not limited to: court filing fees, process server fees, travel expenses, long-distance telephone charges, and expert witness fees.

## **4. Billing Cycle**

You will receive an itemized statement every [Month/30 days] detailing the work performed and expenses incurred. If the retainer is exhausted, invoices are due and payable within [Number] days of the invoice date.

## **5. Late Payments**

Balances unpaid after [Number] days will be subject to a late fee of [Percentage]% per month. We reserve the right to cease work or withdraw from representation if accounts remain unpaid.

## 6. Termination of Services

Upon the conclusion of our services or the termination of this agreement, any remaining balance in the trust account will be refunded to you after all outstanding fees and costs have been paid.

Please sign below to acknowledge your agreement to these terms.

Sincerely,

[Attorney Name]  
[Law Firm Name]

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### **Acknowledgment:**

I, [Client Name], have read and agree to the Retainer Policy and Billing Provisions stated above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_