

**[Law Firm Name]**  
[Address]  
[City, State, Zip Code]  
[Phone Number]  
[Email Address]

**[Date]**

**[Client Name]**  
[Client Address]  
[City, State, Zip Code]

**RE: Engagement for Legal Services - [Visa Category, e.g., O-1 or EB-1A] Extraordinary Ability Visa**

Dear [Client Name],

This letter confirms that [Law Firm Name] ("the Firm") has been retained by [Client Name] ("the Client") to provide legal representation in connection with a petition for an Extraordinary Ability Visa.

**1. Scope of Services**

The Firm agrees to perform the following services:

- Evaluation of Client's professional credentials and eligibility.
- Guidance on gathering supporting documentation and evidence.
- Drafting and filing of the Form [I-129 or I-140] petition with U.S. Citizenship and Immigration Services (USCIS).
- Preparation of the legal brief/cover letter highlighting the Client's extraordinary ability.
- Responding to one (1) standard Request for Evidence (RFE), if issued.

**2. Exclusions**

This agreement does not include representation in appeals, judicial reviews, labor certifications, or consulate processing unless a separate agreement is signed.

**3. Legal Fees and Costs**

The Client agrees to pay a flat legal fee of \$[Amount] for the services described above.

- **Initial Retainer:** \$[Amount] due upon signing this agreement.
- **Final Payment:** \$[Amount] due prior to the filing of the petition.

The Client is responsible for all third-party costs, including USCIS filing fees, translation fees, and expert evaluation fees.

**4. Client Responsibilities**

The Client agrees to provide truthful information, complete documentation in a timely manner, and notify the Firm of any changes in employment or contact information.

**5. No Guarantee of Outcome**

The Firm will provide competent representation; however, because visa approvals are at the discretion of the U.S. Government, the Firm cannot guarantee a successful result.

**6. Termination**

Either party may terminate this agreement upon written notice. If terminated, the Client is responsible for fees for work performed up to the date of termination.

Please sign below to indicate your acceptance of these terms.

Sincerely,

[Attorney Name]  
[Law Firm Name]

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**ACCEPTED AND AGREED:**

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[Client Name]  
Date: \_\_\_\_\_