

DR. CHARLES ZEIDERS

Licensed Psychologist
Diplomate in Cognitive-Behavioral Psychology
Certified Cognitive Forensic Therapist
Certified Cognitive-Behavioral Christian Counselor
National Certified Counselor

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LETTER OF AGREEMENT

The psychology practice of Charles Zeiders, Psy.D offers expert witness services to attorneys.

The professional relationship begins when Dr. Zeiders is in receipt of this document signed by the retaining person and the retainer fee.

For records review, evaluations, consultation, research, collateral communication, and reports a nonrefundable retainer of \$2,999 is charged upon retention. This fee is for up to 15 hours of work.

If records review, evaluations, consultation, research, collateral communication, and report generation consume more than 15 hours, Dr. Zeiders will be reimbursed at \$250 per hour. This fee will be paid by the retaining person with check upon receipt of the bill. If fees are not paid within one month of the date of the bill, the retaining person will pay Dr. Zeiders the original fee plus 10%.

In the event that written records are illegible the retaining party and Dr. Zeiders will develop a remedy in a timely manner.

For depositions and court appearances Dr. Zeiders will be paid \$1,500 per occurrence. He will be paid with check by the retaining person on the day of occurrence.

For depositions and court appearances that are scheduled, then postponed or cancelled, Dr. Zeiders shall be paid \$450 with check by the retaining person on the day originally scheduled.

Travel and collateral expenses will be reimbursed according to hotel, restaurant, fuel and other receipts. This fee will be paid by the retaining person with check upon receipt of the expense bill.

In addition to agreeing to the above, the retaining party agrees to this statement:

This Letter of Agreement confirms my agreement concerning fee schedule and services provided by Charles Zeiders, Psy.D. I agree to the terms stated on this Letter of Agreement. I hereby represent that I have the authority to enter this Letter of Agreement. If I am an attorney I will inform or cause to be informed all relevant parties how information generated from this agreement will be used and the manner in which such information may influence their interests. If I am not an attorney, I acknowledge that I am informed that it is in my interests to carefully review with counsel the various ways in which entering into this agreement may impact my interests. I acknowledge that this Letter of Agreement constitutes a binding contract with Charles Zeiders, Psy.D.

Please sign and fill out the information below, indicating you or your company's acceptance of this Letter of Agreement and its terms. Return this original copy along with a check payable to: Charles Zeiders, Psy.D., 86 West Eagle Road, Havertown, PA 19083

Signature of Client or Attorney or Designated Representative Date

Print Name and Name of Company

