

CAROL V. ANDERSON Ph.D.™

Information is Power™

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FINANCIAL AGREEMENT - DEPOSITIONS TAX ID#75-3238650

Please carefully review each item below, initial at the bottom of each section, and sign and date at the bottom of this document. By affixing your initials to each section and signing this document, you are stating that you understand this agreement and will abide by these policies as set forth. After reviewing the document, please return the entire document to Dr. Anderson, along with your retainer.

Deposition Retainer

\$500.00/hour-3 hour minimum

A retainer fee of \$500.00 per scheduled hour is required when scheduling a deposition with Dr. Anderson. A paid, 3-hour minimum is required, for scheduling any deposition. *If the retainer fee is not received by one week prior to the deposition date, the deposition appointment will be considered CANCELLED and other appointments may be scheduled in its place.* Please note that there is no refund for unused scheduled deposition time, but any additional time needed beyond the scheduled time may not be available. Please schedule accordingly. If additional time beyond the hours covered in the deposition retainer are requested/required, a bill will be sent for the balance due. Note: A \$500 Travel Expense fee is required for depositions held in Utah.

_____ **Hours are requested for this Deposition**

\$ _____ **Retainer required**

_____ **Initials**

_____ **Location of Deposition**

Cancellation Policy:

Any deposition that is cancelled within two business days of the scheduled appointment will forfeit the retainer fee. This is a fee that will not apply toward rescheduling the appointment or toward future charges.

_____ **Initials**

Attorney's Printed Name

Attorney's Signature

Date Signed