

Thomas Streed, Ph.D.

Private Investigations

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FEE AGREEMENT ~ PRIVATE INVESTIGATION

1. Identification of Parties

This agreement is made expressly and directly between **Thomas Streed, Ph.D.**, individually, and doing business as a Private Investigator (hereinafter referred to as the “**Consultant**”) at P.O. Box 19250, San Diego, California 92159; and

(hereinafter referred to as the “**Client[s]**”). **Client[s] agree[s] that under no circumstances, nor for any reason, will the Client[s] claim that any other party is responsible for any portion, or payment, of Consultant’s fees.**

2. Employment of Consultant

By execution of this agreement and payment of the non-refundable case minimum retainer, **Client[s]** retain[s] and employs **Consultant** to act as a Private Investigator with respect to the specific and single matter of the **Client’s** concern.

3. Schedule of Fees for Services

Retainer -----	\$5000.00
Hourly Rate -----	\$ 250.00
Deposition /Arbitration / Trial Testimony - Minimum (0 to 4 hours)	-\$1400.00
(Testimony extending beyond 4 hours is billed at \$350.00 per hour)	
Travel Per Hour -----	\$ 50.00
Expenses -----	Actual Cost

The **Retainer** is a non-refundable case minimum and must be paid before any services are performed. Upon receipt of the retainer, **Consultant** shall provide an initial case investigation /consultation, not to exceed a twenty (20) hour time period, which includes but is not limited to [a] review and analysis of all data connected with the matter under investigation; [b] consultation with the **Client[s]** and other parties connected with the matter under investigation; [c] examination of crime/ incident scene[s]; [d] report writing; and [e] all other activities lawfully and appropriately requested by the **Client[s]**.

The **Hourly Rate** is charged for services extending beyond the initial twenty (20) hour time period.

Deposition and/or Trial Testimony, and related costs (i.e. travel time, travel expenses, production of documents, etc.) pertains to deposition and/or trial testimony **and** standby time. A One Thousand Four Hundred Dollar (\$1400.00) minimum for the first four hours (0 hrs. to 4 hrs.) will be charged and Three Hundred Fifty Dollars (\$350.00) per hour thereafter will be charged.

Travel time is assessed portal to portal.

Expenses may include, but not be limited to, [a] travel expenses at actual cost, including, but not limited to air fare, car rental, taxicab fare, parking/toll costs, meals and lodging, incurred on behalf of **Client[s]**; and [b] costs for printing or reproduction of documents, in addition to the expense for telephone calls, facsimiles, and/or mailing charges required in connection with the services rendered on behalf of the **Client[s]**.

4. Billings

Consultant shall, UPON REQUEST, submit periodic billing statements to **Client[s]** itemizing amounts charged under the basic hourly rate stated in paragraph three (3), and any costs and/or expenses for which **Consultant** is entitled to reimbursement.

Client[s] agree[s] to pay the amount due within twenty (20) days following receipt of the billing statement. Invoices thirty (30) days in arrears shall be subject to a late charge of 1 ½ % interest per month on the unpaid balance. All costs incurred by **Consultant** for recovery of any and all unpaid billings will be the responsibility of the **Client[s]**. **Client[s]** agree[s] that in the event of a dispute over the enforcement or interpretation of this agreement, the jurisdiction and venue over said dispute shall be in San Diego County, California.

5. Entire Agreement

This Agreement supersedes all other agreements, either oral or written, between **Client[s]** and **Consultant** with respect to the subject of this Agreement. Each party to this Agreement acknowledges that no representations, inducements, promises or agreements have been made by or on behalf of any party except those covenants and agreements embodied in this Agreement. No agreement, statement or promise not contained in this Agreement shall be valid or binding.

CONSULTANT: _____ CLIENT[S]: _____
Thomas Streed, Ph.D.

Date: _____

Date: _____