

**FEE RETAINER AGREEMENT FORM**

Child's Name \_\_\_\_\_ Address \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

**FEE RETAINER AGREEMENT**

1. A \$500 retainer fee is required prior to the start of service. This fee is also the minimum required for service and will cover up to a maximum of four (4) hours service. The definition of service hours will include any time spent in travel, phone consultation, research, document reviews, conferences, etc. as well as any other service related to the case and/or as described on the website TheAdvocatePsychologist.com.
2. Service beyond the initial four (4) hours will require an additional \$500 retainer fee for service to continue. Charges for service hours will be applied against this retainer fee at a rate of \$125 per hour charged in 30 minute increments. Refunds for any hours not used (in second retainer) will be returned to the client at a rate of \$125 per hour.
3. If service is required beyond 8 hours it will be billed monthly at a rate of \$125 per hour.

Please print and sign this form and mail it back along with the Retainer Fee (check to Dr. Barry Zaransky), Release Form and Client Information Form to:

TheAdvocatePsychologist.com  
Attn: Dr. Barry Zaransky  
200 W Grand Ave, Suite 1606  
Chicago, IL 60654

**AGREED AND ACCEPTED**

Name/Signature \_\_\_\_\_ Date \_\_\_\_\_