FEE STATEMENT AND RETAINER AGREEMENT GOVERNING THE PROVISION OF FORENSIC CONSULTATION SERVICES Dr. Amy Friday

Dr. Amy Frid	GREEMENT : This agreement between, retaining party, and day, expert, is entered into on, 2022 and shall constitute the entire agreement in the matter of:
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SCOPE OF	WORK : The expert will render assistance to the agency in this case by:
<u> </u>	Assisting a designated attorney in the case preparation, which will include work on the following phases of the case:
	(1) pleading; (2) discovery; (3) witness preparation;
	(4) other (please specify):
☐ 2.	Preparation of an examination and a \square report. The examination shall be based upon:
	(1) information provided by the retaining party;
	(2) examination by the expert;
	(3) independent investigation by the expert;
	(4) other (please specify):
□ 2.	Testimony at the trial of this case which will occur at and on
	based upon the retaining attorney's acceptance of the expert's examination and oral or written report. By this agreement the expert does not agree to testify to a particular conclusion. The expert does agree to prepare fully for testimony, to appear on request with adequate notice, and to dress in appropriate business-like attire.
client of Dr. ty. The resplates the servent is on action of the contraction of the contra	I: The retaining party, and not any other party, litigant, third party, or insurance company, is to be considered Friday in the matter for which she is retained as an independent expert. The client is the financially responsible consible party shall pay the fees for all time and services provided in this matter, regardless of the party that rice. Since Dr. Friday is retained as an independent expert, this includes financial responsibility even if the time invities perceived to be adverse to the interests of the responsible party. Should the retaining party seek of any fees from another party, litigant, or third party, it is the retaining party's responsibility to inform those financial obligations are to the retaining party and not to Dr. Friday.
ointments, co ewing printe	Fees for service shall include, but not be limited to, charges for consultations, interviews, evaluation ollateral appointments, broken and canceled appointments, driving time, testing, test scoring, test interpreting, d materials, reviewing documents, preparing and providing reports, affidavits, and testimony, and staff and
office, portal- larations, aff culated with a for each eva lay's administ cimony requir time reserve	ay's fee for an evaluation is \$3500. A fee of \$300.00 per hour is charged for time reserved for services provided to-portal (unless otherwise agreed to in writing), and all legal proceedings, including time reserved to provide idavits, depositions, and testimony. If Dr. Friday is required to drive to an evaluation, driving time will be an on-line mapping/driving time estimator and a fee of \$300.00 per hour will be applied to and from the testing aluation visit (unless otherwise agreed to in writing). The fee for all time and services provided by any of Dr. crative assistants is \$50.00 per hour. Since evaluations, declarations, affidavits, depositions, consultations, and e considerable preparation time and the reservation of multiple hours, the retaining attorney is responsible for d for these services and proceedings. Time for depositions and testimony will not be reserved until payment for me is received.
Telepho phone consu	one consultations with Dr. Friday are billed per tenth of an hour or any portion thereof, including scheduled ltations that are missed or broken. For all copying, including faxing, charges are \$.20 per page, plus handling, ping and long-distance costs.
METHO	DD OF COMPENSATION : The expert's compensation shall be received as follows:
□ a.	A retainer in the amount of \$ shall be paid prior to the rendition of any services.
□ b.	Upon completion of the expert's services.
☐ c.	On or before

d. Other (please specify):

PAYMENT: Payment is due and payable at the time of service. Service charges will accrue at 1.0% per month (or a minimum service charge of \$2.00 per month), but not to exceed the amount permissible by law, on any balance not paid within 30 days after the charge was incurred. Should a check be returned by the bank for any reason whatsoever, a \$25 returned check fee will be due, and all charges owing shall become immediately due and payable.

FINANCIAL RESPONSIBILITY AND THIRD-PARTY PAYMENT: The financially responsible party is the retaining party. The retaining party, and not any other party, assumes complete financial responsibility for all of the fee obligations contained herein even though reimbursement of these fees may be sought by the retaining party from another party. Health insurance does not usually cover forensic examinations and the intent to seek insurance coverage is not a substitute for any of the financial obligations described herein. The acceptance by Dr. Friday of payments from a third party shall be construed only as payments made by the third party on the behalf of the financially responsible party and not as an indication that the third party is the financially responsible party.

APPOINTMENTS AND CANCELLATIONS: Because the scheduled appointment time is held exclusively for one person or task, advance notice of cancellation is required. Cancellation charges are calculated as per the table below:

Amount of Time Reserved for Consultation, Evaluation, or Testimony	Number of Business Days' Notice of Cancellation Provided	Amount of Charge for Canceled Time
One hour or less for consultation	one full business day (24 hours)	no charge
One flour of less for consultation	less than one full business day notice or no notice	full charge
More than one hour for consultation	five full business days (120 hours)	no charge
or evaluation	less than five business days notice or no notice	full charge
Trial work (scheduled in half-day	five full business days (120 hours)	no charge
increments unless otherwise agreed)	less than five business days or no notice	full charge for half-day work (four hours)

COLLECTION: If an account is due for 60 days, it shall be sent for collection. The responsible party shall pay all reasonable costs of collecting the bill, such as reasonable collection agency charges which are 50% of the bill, reasonable attorney's fees, and court costs. The 50% collection agency charge shall be added to the bill and shall become part of the financial responsibility at the time the account is sent to the collection agency.

In the event that legal action is instituted to collect fees and charges, the responsible party shall pay all additional reasonable costs and fees resulting from the suit, such as reasonable collection agency charges which are 50% of the bill, reasonable attorney's fees, and court costs and that the suit shall be filed and the matter shall be properly heard in Multnomah County, Oregon.

TERMINATION: Dr. Friday may immediately and without prior notice terminate her services and contacts at any time she has reason to believe that any party is not fully complying with the provisions stated herein or with any orders of a court of competent jurisdiction. No services, including reports, recommendations, or opinions, will be provided after services are terminated for any reason.

AGREEMENT: All agreements and contracts with Dr. Friday are in writing. There are no oral agreements that may supersede this written policy statement on this matter. Any modification of the terms of this statement must be in writing and signed by Dr. Friday. Should Dr. Friday, at her sole discretion, choose to waive any requirement under the terms of this statement, that waiver shall not be deemed a subsequent waiver of that requirement or any other requirement under the terms of this statement or other contract. Dr. Friday, in agreeing to provide this consultation, is specifically relying on the responsible party's agreement to abide by all of the terms of this statement.

Dr. Amy Friday, Ph.D.	Retaining Party