

P.O. Box 6000  
 LONGVIEW, TEXAS 75608-6000  
 PHONE: 800.423.5297



4000 TECHNOLOGY CENTER  
 LONGVIEW, TEXAS 75605-2697  
 FAX: 800.545.4844

It's WHO WE ARE    It's WHAT WE DO

AIM@ATTORNEYSINSURANCE.COM    WWW.ATTORNEYSINSURANCE.COM

## FEE SUIT(S) SUPPLEMENT

1. Does firm's engagement letter clearly set forth your fee structure and frequency of payment?  Yes     No
2. Does firm have an established procedure for notifying client of account balance and expected payment arrangement(s)?  Yes     No
3. Are clients advised in writing that they must pay costs or disbursements in addition to all hourly rates as applicable?  Yes     No
4. What steps have been taken by the firm to reduce or avoid the necessity of future fee collection suits?

---



---



---



---

5. Is a review of the underlying case file done prior to filing suit for fees by an attorney not involved in the original case or by a firm management committee (not applicable for sole practitioners).  Yes     No
6. Do you require a retainer for all cases?  
 If not, please state when a retainer is not required.  Yes     No

---

7. When evaluating whether a case should be sent for collection, does the firm review the file for the purpose of evaluating whether the possibility of a counter claim, alleging malpractice, might be filed in response thereto?  Yes     No
8. Does the firm have an arbitration clause in its engagement letter with respect to fee disputes?  Yes     No

9. Provide the following information for each fee suit filed within the past two (2) years:

Date Filed	M / D / Y	Name of Client	Dollar Amount	Result
1.				
2.				
3.				
4.				
5.				

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**