Stephen F. Emiley, Ph.D., DABPS 5800 N. Bayshore Drive Suite A-230 Glendale, Wisconsin 53217 414-961-0030

FORENSIC PSYCHOLOGY SERVICES FEE AGREEEMENT

Name: Date of Birth:			
Address:			
(street)	(city)	(state)	(zip)
Telephone: Home	Work		
Referral Source:			
*********	*********	*******	*******
Fees are \$160.00 an hour for time including, but not limited to, recordinterviews, telephone calls, case contents.	d reviews, test administration and	d scoring, clinical and	collateral
Fees for local deposition and testin \$80.00 an hour.	mony are \$160.00 an hour (three-	hour minimum). Loca	al travel time is
Outside the Milwaukee Metropolis and for deposition/testimony \$150		fee is \$1280.00 per da	y plus expenses
Retainer of \$1500.00 per adult and evaluation/consultation services at exceed original retainer limits.			tainer if services
It is agreed that the Payor is response requested by Payor or court ordere and the consent of Payor.			
Accounts outstanding over sixty (or other costs incurred in collectin			e. Legal expenses
I have read and understand the about full responsibility for all charges in fees, if applicable.			
Signature:	Date:		