

FEE AGREEMENT REGARDING PRO SE ASSISTANCE

Pro Se Assistance - What it really means

"Pro se" is a Latin term that literally means "by yourself". In law its use is applied to people who represent themselves in litigation instead of being fully represented by lawyers. When pro se litigants are helped by an attorney without full representation, these legal services are called "unbundled services" or "limited representation". People dissolving their marriages often represent themselves because they are living on tight budgets and do not have, or choose not to spend, the money to hire a lawyer to fully represent them. Mr. Beaty offers these people the assistance of an experienced family law attorney on a limited basis.

Pro se assistance has lower legal fees. You pay for the time you use, in the attorney's office, at the time of service, by cash or check. If your spouse has a lawyer, that lawyer must deal directly with you. You control the amount of time your lawyer spends on your case by only incurring that time when you are in the lawyer's office. Mr. Beaty does not provide any services outside of your time in his office on your case, unless you retain him for a court appearance, a settlement conference or some other particular matter. Thus you do not incur unexpected fees for phone calls, conferences, letters, monitoring court documents, and the like. Telephone attorney support is NOT available to clients who choose pro se assistance. You will need to make an appointment to see Mr. Beaty through his staff. As a further economy, Mr. Beaty does not keep original documents. You will receive copies of all documents drafted by Mr. Beaty. It is your job to see that all notice and scheduling requirements are satisfied.

Pro se assistance may be less threatening to your Spouse. This keeps conflict down and may make it easier for you and your spouse to reach a fair settlement of your legal issues more quickly. As long as there is a balance of power between you and your spouse, and you have the emotional strength or support system to maintain an even power balance, pro se assistance may be a good option for you. If you are recovering from abuses, difficult physical or mental illness, or are entwined in a difficult emotional conflict with your spouse, pro se assistance may not be a good option for you. Often the emotional and legal objectivity of an attorney who fully represents you and acts as a buffer between you and your spouse can be a calming influence and promote settlement that would not occur if you tried to represent yourself. You should discuss your feelings about this with Mr. Beaty. However, the choice is yours. You are in control of how your dissolution is handled.

Pro se assistance enables you to be in control. You do as much as you can on your own with an attorney's guidance, and only use your lawyer for those things you cannot do yourself. You ask the questions. You get the same advice as if you were fully represented. You make your own choices. You assume more responsibilities. If at any time you wish to convert and have Mr. Beaty fully represent you, you may pay the necessary advance fee deposit and do so.

Signature

Date

ROBERT E. BEATY

Attorney at Law



The undersigned _____ (client) retains the Law Firm of Robert E. Beaty, hereafter known as "attorney" for legal services in connection with a _____ on the conditions stated herein.

1. **MINIMUM FEE:** The *minimum fee* for representation in this proceeding will be \$ _____.

2. **RETAINER:** "Retainers" are funds paid by a client to secure the lawyers availability. Retainer funds are considered earned at the time of payment and ARE NOT REFUNDABLE. The initial retainer is \$ _____.

3. **HOURLY RATE:** The professional hourly rate of Robert E. Beaty is \$200.00 per hour for representation.

4. **RETAINER PAYMENT:** A payment of \$ _____ is hereby acknowledged as a retainer and payment towards the minimum fee.

_____ client's initials

5. **BILLINGS:** If the total fee computed at the attorney's hourly rate exceeds the amount of the retainer payment, then the hourly rate will apply and any additional charges shall be billed to the client and be paid by the client on a monthly basis.

6. **COSTS:** The attorney is authorized to advance or incur costs and expenses on behalf of the client, as he may deem appropriate. Any costs incurred by the attorney shall be promptly paid by the client.

7. **ADVANCED FEE PAYMENTS:** Once the attorney's fees exceed the retainer payment as designated in Paragraph 4 the client may be required to deposit an additional amount of money into the attorney's trust account designated for future payment of attorney's fees and/or anticipated costs. Appropriate amounts shall be withdrawn from the attorney's trust account as fees are earned and expenditures are made. The law firm agrees that if any portion of this amount in trust is unexpended at the conclusion of the case, then it will be refunded to the client. Client will be billed monthly for all current and outstanding balances and hereby consents to the payment of their obligation with the firm from the funds remaining in the attorney's trust account.

If, in the judgment of the attorney, an additional sum should be deposited into the trust account for future fees and costs, and the client refuses to pay, then this failure

shall be considered good cause for withdrawing from the case, and the client shall then have the responsibility of seeking other representation. Current charges are to be paid in full within 10 days after the bill is received by the client. IT IS SPECIFICALLY UNDERSTOOD AND AGREED THAT ATTORNEY SHALL HAVE THE OPTION TO IMMEDIATELY WITHDRAW FROM REPRESENTATION AT ANY TIME SHOULD CLIENT'S UNPAID BALANCE EXCEED \$300.00 FOR A TIME PERIOD IN EXCESS OF 30 DAYS.

8. **TRIAL RETAINER:** At the time the trial date is assigned in the case, any outstanding fees shall be paid in full and an additional payment of \$2,000.00 shall be paid for each day we estimate the trial will take.

9. **INQUIRES ABOUT BILL:** Should the client have a question, disagreement, or other concern regarding the outstanding fees or costs, the attorney will review the client's questions, disagreements, or concerns without charge.

10. **DISPUTES:** In the event a dispute arises between the attorney and client under this Agreement, the prevailing party shall be entitled to reasonable attorneys fees and costs. Both the client and the attorney agree that jurisdiction and venue shall be within the Whatcom County Superior Court or Whatcom County District Court.

11. **BILLINGS:** This law firm will mail regular monthly statements to client for costs and fees incurred which will include an itemization of the costs and fees for professional services. Client agrees and understands that payment is due as indicated on billing statements and all delinquent accounts shall bear interest at the rate of eighteen percent (18%) per annum after thirty (30) days.

12. **OWNERSHIP OF FILE:** It is understood that the law firm of Robert E. Beaty shall retain ownership of any documents, correspondence, pleadings or papers generated during the course of representation. Original documents provided by the client shall remain the property of the client. A client's copy of each document shall be provided during the course of representation and said copies shall constitute the client's file. At the end of representation, should the client request his or her file, a copy shall be provided at the client's cost.

DATED this _____ day of _____, 200__.

By: _____
CLIENT

By: _____
ROBERT E. BEATY
Attorney at Law

By: _____
CLIENT

ROBERT E. BEATY
Attorney at Law
2331 Elm Street
Bellingham, WA 98225
(360) 676-1215

CONFIDENTIAL STATEMENT FOR DISSOLUTION CASES

Date: _____

FILL OUT AS COMPLETELY AS YOU CAN FOR EACH SPOUSE

	<u>Wife</u>	<u>Husband</u>
1. Name	_____	_____
a) SSN	_____	_____
b) Driver's License	_____	_____
2. Address	_____	_____
	_____	_____
3. Telephone No. (home)	_____	_____
Telephone No. (work)	_____	_____
4. Maiden Name	_____	_____
5. Date of Birth	_____	_____
State of Birth	_____	_____
Age now	_____	_____
6. Date of marriage	_____	
7. Place of marriage (city/county/state)	_____	
8. Separation date	_____	
9. Is reconciliation possible?	_____	
10. Is name change desired?	_____	
11. Children of THIS marriage:		
1. _____ date of birth _____ SSN _____		
2. _____ date of birth _____ SSN _____		

- 3. _____ date of birth _____ SSN _____
- 4. _____ date of birth _____ SSN _____
- 5. _____ date of birth _____ SSN _____

12. Children NOT of this marriage

- 1. _____ date of birth _____ SSN _____
- 2. _____ date of birth _____ SSN _____
- 3. _____ date of birth _____ SSN _____
- 4. _____ date of birth _____ SSN _____
- 5. _____ date of birth _____ SSN _____

13. Are any children handicapped or disabled? [] Yes [] No

14. Are any children adopted? [] Yes [] No

15. Education	<u>WIFE</u>	<u>HUSBAND</u>
	____ High School	____ High School
	____ Yrs. College	____ Yrs. College
	____ Graduate School	____ Graduate School
	____ Other	____ Other

16. Vocational skills: _____

17. Health problems since marriage: _____

18. Employer: _____

a. Address: _____

b. Telephone: _____

c. Job Title: _____

d. Wage/salary: _____

e. Length of employment: _____

f. Work schedule: _____

19. Presently in military? _____

- 20. Previous marriages (#) _____
 - a. Termination Date of last marriage: _____
 - b. Number of children of prior marriage: _____
 - c. With who do these children reside? _____
- 21. Physical Descriptions:
 - a. Race: _____
 - b. Height: _____
 - c. Weight: _____
 - d. Eye color: _____
 - e. Hair color: _____
 - f. Mother's maiden name: _____

II. CUSTODY/PARENTING PLAN

- 1. Which parent's home would be the primary residence of the children? Father Mother
- 2. Should the weekend schedule consist of alternating weekends from Friday evening to Sunday evening, or some other schedule? Alternating weekends
 Other: _____
- 3. Please list the distance between the residences of the two parents and what provisions should be made for transportation: Distance: _____
 Shared equally - the receiving parent shall transport
 The Mother Father shall transport
 Neutral place: _____
- 4. With whom has each child resided for the last 12 months? _____
Address: _____
- 5. Describe in detail each parent's performance of day-to-day functions for the care of the child during the last 12 months. (i.e., feeding, clothing, bathing, assisting with homework, morning and evening routines, school activities, etc.).

- 6. Describe each parent's work/childcare schedules for the last 12 months:

7. Have you ever lost custody of a child? [] Yes [] No If yes, give reason and date, state name of court and cause number:

8. Do the children prefer a parent? Who? _____

9. With whom are the children living? _____

III. PROPERTY

1. Do you own real estate? [] Yes [] No

Family home Other

2. Address: _____

3. Date purchased: _____

4. Purchase price: \$ _____ \$ _____

5. Down payment: \$ _____ \$ _____

6. Source of down payment: _____

7. Monthly payment: \$ _____ \$ _____

8. Taxes & insurance: \$ _____ \$ _____

9. Current mortgage balance: \$ _____ \$ _____

10. Present Market Value: \$ _____ \$ _____

11. Who should keep it? \$ _____ \$ _____

12. Vehicles (including motorcycles and recreational vehicles):

Year	Make/Model	License #	Market Value	Balance Owning	Who	Uses
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13. Boats and trailers:

Year	Make/Model	License #	Market Balance Value	Who Owning	Uses
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14. Furniture and appliances:

- a. How many rooms? _____
- b. New or old? _____
- c. Garage sale value: \$ _____
- d. Balance owing: \$ _____

15. Life insurance:

Face amount	Company	Policy Number	Loan Value	Cash or Person Insured	Beneficiary
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If there are outstanding loans against an insurance policy, list:

Which policy: _____

Amount: _____

Reason for loan and date incurred: _____

16. Bank Accounts:

	Account #1	Account #2	Account #3
Name of Bank:	_____	_____	_____
Branch:	_____	_____	_____
Type of Account:	_____	_____	_____
Current Balance:	_____	_____	_____
Who may withdraw:	_____	_____	_____
In whose name is account	_____	_____	_____
Date Opened:	_____	_____	_____

Account Number: _____

17. Pensions:

	Wife	Husband
Name of Plan:	_____	_____
Your contribution:	_____	_____
Company contribution:	_____	_____
Percent vested:	_____	_____
Years until fully vested:	_____	_____
Lump sum collectable now:	\$ _____	\$ _____
Monthly payments collectable:	\$ _____	\$ _____
Date payments become available	_____	_____

18. Claims pending by you against other or vice-versa, whether or not a lawsuit is pending. Give details, including amount you hope to recover:

19. Stocks, bonds, IRAs and mutual funds:

Name:	Number:	Purchase Price	If Bonds, Face Value	Total Current Market Value
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20. Certificates of Deposit (CDs):

Face amount: \$ _____

Maturity date: _____

Where located? _____

Interest: _____

21. Antiques, collectibles, tools, sports equipment, art (include market value):

22. Businesses in which you or your spouse have an interest:

Were you married when this business was first acquired? Yes No

Name of business: _____

Date business first started: _____

Is it incorporated? Yes No

Total number of shares: _____

Net worth of business: \$ _____

Profit or loss made last year: \$ _____

Profit or loss made last quarter: \$ _____

Where are the books? _____

23. Financial Statements or loan applications:

Date made: _____ from whom: _____ present location _____

24. Have you ever signed a community property agreement or separate property agreement? Yes No

If so, when? _____ Where located? _____

Reason? _____

25. List all separate property of you and your spouse (i.e., property or funds brought into the marriage or inherited during the marriage or bought with proceeds from the sale of separate property):

Property Description	When Acquired	How Acquired	Purchase Price	Payments Made During Marriage	Current Market Value

29. List all creditors of you and your spouse:

Creditor	Owed	Amount Monthly Who Payment	For Incurred	What	Who pays? (H/W)
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MASTER INFORMATION LIST

WIFE'S INFORMATION

NAME

1. Title of Wife:
2. Wife's First Name:
3. Wife's Middle Name:
4. Wife's Last Name:

TELEPHONE

5. Wife's Day Phone:
6. Wife's Evening Phone:
7. Wife's Msg./Pager Phone:
8. Wife's Fax Phone:

ADDRESS (RESIDENCE)

9. Wife's Res. Address:
10. Wife's Res. City:
11. Wife's Res. State:
12. Wife's Res. Zip Code:
13. Wife's Res. County:

ADDRESS (SERVICE)

14. Wife's Service Address:
15. Wife's Service City:
16. Wife's Service State:
17. Wife's Service Zip:

EMPLOYMENT

18. Wife's Soc. Sec. Number:
19. Wife's Driver's Lic/ID & State:
20. Wife's Employer Name:
21. Wife's Employer Phone:
22. Wife's Employer Address:
23. Wife's Employer City:
24. Wife's Employer State:
25. Wife's Employer Zip:

VITAL STATISTICS

26. Wife's Birthdate:
27. Wife's Birthplace:
28. Wife's Maiden Name:
29. Wife lives in City Limit? (Y/N)

HUSBAND'S INFORMATION**NAME**

- 30. Title of Husband:**
- 31. Husband's First Name:**
- 32. Husband's Middle Name:**
- 33. Husband's Last Name:**

TELEPHONE

- 34. Husband's Day Phone:**
- 35. Husband's Evening Phone:**
- 36. Husband's Msg./Pager Phone:**
- 37. Husband's Fax Phone:**

ADDRESS (RESIDENCE)

- 38. Husband's Res. Address:**
- 39. Husband's Res. City:**
- 40. Husband's Res. State:**
- 41. Husband's Res. Zip Code:**
- 42. Husband's Res. County:**

ADDRESS (SERVICE)

- 43. Husband's Service Address:**
- 44. Husband's Service City:**
- 45. Husband's Service State:**
- 46. Husband's Service Zip:**

EMPLOYMENT

- 47. Husband's Soc. Sec. Number:**
- 48. Husband's Driver's Lic/ID & State:**
- 49. Husband's Employer:**
- 50. Hus. Employer Phone:**
- 51. Hus. Employer Address:**
- 52. Hus. Employer City:**
- 53. Hus. Employer State:**
- 54. Husband's Employer Zip:**

VITAL STATISTICS

- 55. Husband's Birthdate:**
- 56. Husband's Birthplace:**
- 65. Husband lives in City Limit? (Y/N):**

MARRIAGE

- 66. Date of Marriage:** _____

67. Where Married?: _____
 68. Separation Date: _____ -

CHILDREN

69. Obligor for Child Support (H/W/N):
 70. Obligee for Child Support (H/W/N):

1. Oldest Child's First Name: _____
 2. Oldest Child's Middle Name: _____
 3. Oldest Child's Last Name: _____
 4. Oldest Child's Age: _____
 5. Oldest Child's Birthdate: _____
 6. Oldest Child's Birthplace: _____
 7. Oldest Child's Soc. Sec. #: _____
 8. Oldest Child's Resides with (H/W/N):
 9. Is Wife Oldest Child's Mother? (Y/N):
 10. Is Husband Oldest Child's Father? (Y/N):
 11. Include Oldest Child in Relocation Action? (Y/N):

1. 2nd Child's First Name: _____
 2. 2nd Child's Middle Name: _____
 3. 2nd Child's Last Name: _____
 4. 2nd Child's Age: _____
 5. 2nd Child's Birthdate: _____
 6. 2nd Child's Birthplace: _____
 7. 2nd Child's Soc. Sec. #: _____
 8. 2nd Child Resides with (H/W/N):
 9. Is Wife 2nd Child's Mother? (Y/N):
 10. Is Husband 2nd Child's Father? (Y/N):
 11. Include 2nd Child in Relocation Action? (Y/N):

1. 3rd Child's First Name: _____
 2. 3rd Child's Middle Name: _____
 3. 3rd Child's Last Name: _____
 4. 3rd Child's Age: _____
 5. 3rd Child's Birthdate: _____
 6. 3rd Child's Birthplace: _____
 7. 3rd Child's Soc. Sec. #: _____
 8. 3rd Child Resides with (H/W/N):
 9. Is Wife 3rd Child's Mother? (Y/N):
 10. Is Husband 3rd Child in Relocation Action? (Y/N):
 11. Include 3rd Child in Relocation Action? (Y/N):

1. 4th Child's First Name: _____
 2. 4th Child's Middle Name: _____

3. 4th Child's Last Name: _____
4. 4th Child's Age: _____
5. 4th Child's Birthdate: _____
6. 4th Child's Birthplace: _____
7. 4th Child's Soc. Sec. #: _____
8. 4th Child Resides with (H/W/N):
9. Is Wife 4th Child's Mother? (Y/N):
10. Is Husband 4th Child's Father? (Y/N):
11. Include 4th Child in Relocation Action (Y/N):

1. 5th Child's First Name: _____
2. 5th Child's Middle Name: _____
3. 5th Child's Last Name: _____
4. 5th Child's Age: _____
5. 5th Child's Soc. Sec. #: _____
6. 5th Child's Birthdate: _____
7. 5th Child's Birthplace: _____
8. 5th Child Resides with (H/W/N):
9. Is Wife 5th Child's Mother? (Y/N):
10. Is Husband 5th Child's Father? (Y/N):
11. Include 5th Child in Relocation Action (Y/N):

**ATTORNEYS
OPPOSING COUNSEL INFORMATION
(If Opposing party is PRO SE, list pro se's information.)**

71. Opposing Counsel Represents Petitioner or Respondent? (P/R):

72. Opposing Counsel Name:
73. Opposing Counsel W.S.B.A. #:
74. Firm Name:
75. Opposing Counsel Phone:
76. Opposing Counsel Msg./Pager Phone:
77. Opposing Counsel Fax Phone:
78. Opposing Counsel Address:
79. Opposing Counsel City:
80. Opposing counsel State:
81. Opposing Counsel Zip:

**COMPLETING ATTORNEY INFORMATION
(Information for ATTORNEY using this software to complete forms.)**

82. Completing Attorney Name: ROBERT E. BEATY

- 83. Completing Attorney W.S.B.A.#: 5542**
- 84. Firm Name: Attorney at Law**
- 85. Completing Attorney Phone: 6761215**
- 86. Completing Attorney Msg./Pager Phone:**
- 87. Completing Attorney Fax Phone: 647-9511**
- 88. Completing Attorney Address: 2331 Elm Street**
- 89. Completing Attorney Address: PO Box 5767 (98227)**
- 90. Completing Attorney City: Bellingham**
- 91. Completing Attorney State: WA**
- 92. Completing Attorney Zip: 98225**