

Flat-Fee Divorce

ATTORNEYS

11 Vanderbilt Avenue • Suite 105
Norwood, Massachusetts 02062
Telephone: (781) 461-9800 • Fax: (781) 762-0004

SELF-HELP LEGAL SERVICES AGREEMENT

This Agreement, dated _____ is made between the Flat-Fee Divorce Attorneys from The Massachusetts Family Law Group, P.C., 11 Vanderbilt Avenue, Suite 105, Norwood, MA 02062 (referred to as "LAWYER") and

(Name, Address, City, State, Zip)

(referred to as "YOU" or "CLIENT").

1. Nature of the Case. You have requested ongoing legal services from the Lawyer in the following matter:

2. Client Responsibilities and Control. Client shall remain responsible for the conduct of the case and understands that he or she shall remain in control of and be responsible for all decisions made in the course of the case. In order for Lawyer to be advised on all issues relating to the matter for which he or she is being asked to guide, Client agrees to:

- a. Cooperate with Lawyer by complying with all reasonable requests for information in connection with the matter for which you are requesting services.
- b. Keep Lawyer advised of your concerns and any information that is pertinent to your case.
- c. Provide Lawyer with copies of all pleadings and correspondence to and from Client regarding the case;
- d. Immediately provide Lawyer with any new pleadings or motions received by the opposing party.
- e. Keep all documents related to the case in a file for review by Lawyer.

3. Services to be performed by Lawyer. Client and Lawyer have agreed that Lawyer will provide the following services, indicated by writing YES or NO:

- a. _____ Legal Advice: office visits, telephone calls, e-mail
- b. _____ Evaluation of Client's self-diagnosis of the case

By: _____
IRWIN M. POLLACK,
MASSACHUSETTS FAMILY LAW GROUP, P.C.

**I HAVE RECEIVED A COPY OF THIS AGREEMENT. I HAVE READ IT AND
AGREE TO THE TERMS IN IT.**

CLIENT'S NAME

MASSACHUSETTS FAMILY LAW GROUP, P.C.

ATTORNEYS and COUNSELORS AT LAW

11 Vanderbilt Avenue • Suite 105
Norwood, Massachusetts 02062

Telephone: (781) 461-9800 • Fax: (781) 762-0004

CREDIT CARD AUTHORIZATION

I, _____, give The Massachusetts Family Law Group, P.C.
permission to apply \$_____ on my Visa, MasterCard, Discover, or American
Express, account # _____, Expiration Date
_____, Verification _____. I furthermore represent I am an authorized
cardholder on this account and both agree and promise not to attempt to “charge back” or
dispute these fees for any reason. I further agree that a copy of this Agreement will serve
as proof to the financing bank that your chargeback request should and will be denied.

Printed Name _____

Signature _____

Billing Address/City/State/Zip _____
