

lawyers themselves – will be the primary source of contact during the course of the service.

In order for the LAW FIRM to begin any work, you have agreed to pay all fees in advance as outlined below. Fees are non-refundable once paid and are considered fully earned upon receipt of payment because all work necessary to complete your uncontested divorce is performed immediately upon payment of fees. We do not prepare itemized bills for our Divorce Paperwork Service because we do not charge by the hour.

Our staff will work closely with you in order to keep your costs as low as possible. Our basic service and fee is outlined in Paragraph 1 above. Additional work is often necessary on your case; following are some definitions of additional work that may be necessary and the fee for same:

A. Basic Divorce Paperwork Service (no property, children or alimony)	\$750
B. Real Estate: Additional charge of \$100 for each piece of property. # _____	_____
C. Children: Includes Affidavit Disclosing Care/Custody & Support Guidelines	100
D. Premium Parenting Plan: Addresses close to 100 issues with worksheets	250
E. Alimony Provision: Includes survival and/or merger provisions	100
F. QDRO: We oversee what we refer out. Additional fee of \$50 for each. # _____	_____
G. Premium Separation Agreement: Covers all issues, includes FREE Parenting Plan	350
H. Changes to Divorce Agreement: Additional drafting service after two edits	100
I. Courthouse File Retrieval: For modification or contempt matters	250
J. Expedited Processing: Two Weeks – \$250, 72-Hours – \$500	_____
K. Total	_____

ALL FEES MUST BE PAID PRIOR TO YOUR PICKING-UP THE DOCUMENTS FOR YOUR SPOUSE TO SIGN AND FOR YOU TO FILE. THERE ARE NO EXCEPTIONS.

I HAVE RECEIVED, READ AND AGREE TO THE TERMS OF THIS AGREEMENT.

CLIENT NAME

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

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ATTORNEYS and COUNSELORS AT LAW

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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 _____
