

**IMMIGRATION**  
LAW OFFICE OF  
**Ben Ezra Eran, P.A**  
ATTORNEY AT LAW

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TELEPHONE: 1-800-600-2414

ERAN BEN EZRA  
ATTORNEY AND COUNSELOR AT LAW  
Member of the New York Supreme Court Only.

**CONTRACT FOR LEGAL SERVICES**

THIS CONTRACT, made and entered into \_\_\_\_\_, 2017 by and between \_\_\_\_\_(client),

D.O.B. \_\_\_\_\_ whose address is: \_\_\_\_\_ and phone number \_\_\_\_\_ Country of Birth:

\_\_\_\_\_

WITNESSETH:

The CLIENT retains the Law Office of Eran Ben Ezra, P.A. to represent him or her in the following matter:

\_\_\_\_\_ :

CASE NO.: \_\_\_\_\_, in Dade/Broward County, Florida and the CLIENT does hereby give to said ATTORNEY the exclusive right to take all legal steps to represents the CLIENT'S interests IN CONSIDERATION of the services rendered and to be rendered by said ATTORNEY, the CLIENT hereby agrees to remit on or before the date\_\_\_\_/\_\_\_\_/\_\_\_\_/, the sum of \$ \_\_\_\_\_ as a non-refundable retainer for total estimate costs of case. Payments are as follows:

Now: \$ \_\_\_\_\_ now by \_\_\_\_\_

Any USCIS fees due before mailing

The CLIENT agrees to pay the necessary expenses and disbursements separately as these expenses and disbursements are incurred by the ATTORNEY. The expenses and disbursement may include, but shall not be limited to, fees for private investigators, expert witnesses, court report transcripts, and any all other expenses that the ATTORNEY considers reasonable and necessary for the proper work in this case. COURT COSTS, FINES AND USCIS FEES are specifically excluded and are to be paid by CLIENT. The fees but does not include USCIS (Immigration) fees.

In conjunction thereto, the CLIENT hereby agrees to remit as COST DEPOSIT the sum of \$ \_\_\_\_\_ on or before\_\_\_\_/\_\_\_\_/\_\_\_\_/, the CLIENT agrees to promptly remit any additional cost deposits the ATTORNEY deems necessary upon receipt of a written request for said sums. Any unused portion of the cost deposit shall be returned to the CLIENT.

The CLIENT acknowledge that the basis of computing ATTORNEY'S compensation has been fully explained to the CLIENT, and that ATTORNEY'S compensation is based upon, among other factors, the time and labor involved, the novelty or difficult of questions presented, the results obtained, time limitations imposed by this representation, and reputation, experience and ability of ATTORNEY in performing this type of service.

**FLORIDA OFFICE**  
1056 N. Miami Beach Blvd  
North Miami Beach, FL 33162

**GENERAL INFO:**  
WWW/IMMIGRATIONLAWYER.TV  
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The CLIENT acknowledges that the ATTORNEY has made no promises to the CLIENT as to the outcome of the case or to the length of time the case will take to reach to final results, except that the ATTORNEY has promised to render his or her best professional skill. The client is aware that the ATTORNEY can and will hire other people/ATTORNEY to handle the client case including court representation and interview representation.

IT IS FURTHER UNDERSTOOD that the fee agreed on herein does NOT include services for an appeal or retrial if such should become necessary. Additionally, the fee agreed or herein does NOT include services for response to Request of Additional Evidence (RFE) nor response to Notice of Intent to Deny (NOID). In the event an appeal or response to (RFE) or response to (NOID), or the client wisher to have a record sealed, a new a separate agreement will be entered into. The fees do not included USCIS (Immigration) fees.

In the event that CLIENT has paid for the above mentioned services by means of a credit card, CLIENT an cardholder hereby, once again, authorizes use of Credit Card Number\_\_\_\_\_EXP\_\_\_\_\_ in the amount \$\_\_\_\_\_, Authorization Code \_\_\_\_\_. Additionally, in the event that the CLIENT has been extended the courtesy of a payment under said plan is over five (5) days late, the signature of the cardholder shall authorize ATTORNEY to charge said payment to the above listed card.

**PAYMENT OF RETAINER AND ORIGINAL COST DEPOSIT AND CLIENTS SIGNATURE HEREON SHALL CONSTITUTE ATTORNEY'S AUTHORITY THIS REPRESENTATION.**

The Client hereby acknowledge that all of the terms of this agreement have been fully explained to the CLIENT, and that the client fully understands all of the provisions herein.

Signature of CLIENT

Signature of Cardholder if different from CLIENT:

\_\_\_\_\_

\_\_\_\_\_

Accepted and approved by:

Name of Grantor: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_

Signature of Grantor: \_\_\_\_\_

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