

[Date]

[Attorney Name]

[Law Firm Name]

[Address]

[City, State, Zip Code]

Re: Engagement for Litigation Support and Expert Witness Services

Case Name: [Case Name/Reference Number]

Dear [Attorney Name],

This letter confirms the terms under which [Expert Name/Company Name] ("Expert") will provide litigation support and expert witness services to [Law Firm Name] ("Client") in connection with the above-referenced matter.

1. Scope of Services

The Expert will perform the following services as requested:

- Review and analysis of case documents and evidence.
- Research and technical evaluations.
- Preparation of expert reports and affidavits.
- Participation in depositions and trial testimony.
- Consultation with legal counsel regarding strategy and discovery.

2. Compensation and Fees

Client agrees to compensate Expert as follows:

- **Hourly Rate:** \$[Amount] per hour for research, analysis, and meetings.
- **Deposition/Trial Testimony:** \$[Amount] per hour (or daily flat rate of \$[Amount]).
- **Retainer:** An initial non-refundable retainer of \$[Amount] is required before work commences. This will be applied against final billings.

3. Expenses

Client shall reimburse Expert for all reasonable out-of-pocket expenses, including travel, lodging, meals, data acquisition fees, and specialized software costs. Expenses will be billed at cost without markup.

4. Invoicing and Payment

Invoices will be submitted monthly. Payment is due within [Number] days of the invoice date. Late payments may be subject to interest charges. Client remains responsible for payment regardless of the outcome of the litigation.

5. Confidentiality

Expert agrees to maintain the confidentiality of all non-public information provided by Client.

All work product produced by Expert is intended for the use of Client and its legal representatives in the scope of this litigation.

6. Termination

Either party may terminate this agreement upon written notice. Upon termination, Client shall pay Expert for all services performed and expenses incurred up to the date of termination.

7. Conflict of Interest

Expert has performed a conflict check and, to the best of their knowledge, no conflict exists regarding the parties involved in this matter.

Please indicate your acceptance of these terms by signing below and returning a copy of this letter along with the retainer.

Sincerely,

[Expert Signature]

[Expert Printed Name]

Accepted and Agreed:

Signature: _____

Name: [Authorized Signatory Name]

Title: [Title]

Date: _____