

## ATTORNEYS FOR COURT

Law Office of Jorg M. Rivera, P.A. d/b/a Attorneys For Court, Orlando, Florida

Phone ( 321 ) 206 - 8108

Fax ( 866 ) 835 -1161

### **REPRESENTATION AGREEMENT FOR ATTORNEY APPEARANCE** **AT SMALL CLAIMS PRE-TRIAL CONFERENCE / MEDIATION**

The undersigned CLIENT (**print name**) \_\_\_\_\_ (herein after referred to as "CLIENT") agrees to hire and authorizes the LAW OFFICE OF JORG M. RIVERA, P.A. D/B/A ATTORNEYS FOR COURT (herein after referred to as "ATTORNEY"), to provide to CLIENT legal limited representation in the Small Claims Court filed action where CLIENT is a named party thereof, the scope of said representation is limited to ATTORNEY making a one time only Court Appearance on behalf of CLIENT at the Small Claims Pre-Trial Conference/Mediation that is scheduled for hearing before the Small Claims Court of (**print name of county**) \_\_\_\_\_ County for hearing on the coming date of (**print date**)(month/day) \_\_\_\_/\_\_\_\_/2009 .

CLIENT will provide ATTORNEY necessary information and documents of CLIENT'S claims or defenses and acceptable settlement conditions as detailed in the attached CLIENT Information Sheet and CLIENT will appear at the above dated legal hearing. CLIENT'S appearance may be by physical presence at the hearing in Court or alternatively by and through a telephone call with the Court during the hearing at (**CLIENT'S phone number**) \_\_\_\_\_ subject to approval of the Court. If the CLIENT does not appear in Court by physical presence or by telephone CLIENT herein grants ATTORNEY full settlement authority subject to the acceptable settlement conditions detailed in the CLIENT Information Sheet.

ATTORNEY'S appearance representation does not cover post judgment collections. CLIENT agrees that the role of ATTORNEY terminates after the end of the Court hearing herein above referenced where ATTORNEY has appeared on behalf of CLIENT, and, thereafter, CLIENT has no objection to ATTORNEY'S TERMINATION OF LIMITED APPEARANCE.

CLIENT agrees to pay ATTORNEY, as compensation for appearance representation, **a flat fee in the amount of \$125.00, set fee to be paid at least five (5) days before scheduled Pre-Trial Conference/Mediation hearing.**

CONDITIONS: Acceptance of representation under this agreement requires ATTORNEY to sign this Agreement, further this Agreement will not take effect, and ATTORNEY will have no obligation to provide representation, until CLIENT returns signed copy of this Agreement and has made payment according to the outlined deadline. ATTORNEY may use any of its network, associated law firms, local appearance attorneys for the herein representation appearance matter. CLIENT agrees to pay all necessary Court fees and costs associated as named party to the Small Claims action. ATTORNEY will not be responsible for any Court fees and costs associated with CLIENT'S named Small Claims action. Nothing in this Agreement and nothing in ATTORNEY'S statement to CLIENT will be construed as a promise or guarantee about the outcome of the matter. *PLEASE READ AND FULLY UNDERSTAND THIS LEGALLY BINDING CONTRACT.*

Dated

ATTORNEYS FOR COURT Dated

\_\_\_\_\_/\_\_\_\_\_/09  
CLIENT Signature

\_\_\_\_\_/\_\_\_\_\_/09  
Jorg M. Rivera, Esquire

# ATTORNEYS FOR COURT

Law Office of Jorg M. Rivera, P.A. d/b/a Attorneys For Court  
P.O. Box 720366, Orlando, Florida 32872-0366  
Phone ( 321 ) 206 - 8108 Fax ( 866 ) 835 -1161

## CLIENT INFORMATION SHEET

FILL OUT AND RETURN BY FAX TO : ( 866 ) 835 -1161 (PLEASE PRINT)

X \_\_\_\_\_  
CLIENT'S NAME

X \_\_\_\_\_  
CLIENT'S ADDRESS, CITY, STATE, ZIP

X \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_  
CLIENT'S HOME PHONE CLIENT'S CELL PHONE CLIENT'S FAX PHONE

X \_\_\_\_\_ X \_\_\_\_\_  
CLIENT'S E-mail Address CLIENT'S COURT CASE NUMBER (EX: 2009-SC-123456)

CLIENT'S DESCRIPTION OF CLAIM:

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**IMPORTANT:** CLIENT MUST ATTACH COPY OF THE COMPLAINT AND OTHER NECESSARY DOCUMENTS

### CLIENT'S SETTLEMENT CONDITIONS:

**LUMP SUM SETTLEMENT:** ACCEPTABLE AMOUNT \$ \_\_\_\_\_ TO BE PAID WITHIN \_\_\_\_\_ DAYS

**PAYMENT PLAN:** FIRST PAYMENT DUE \_\_\_\_\_ (MONTH) \_\_\_\_\_ (DAY), \_\_\_\_\_ (YEAR)

AMOUNT OF EACH PAYMENT \$ \_\_\_\_\_ REPAYMENT TIME NOT TO EXCEED \_\_\_\_\_ MONTHS

OTHER (Explain): \_\_\_\_\_

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X \_\_\_\_\_  
CLIENT'S SIGNATURE

\_\_\_\_\_  
DATE

RETURN BY FAX TO: ( 866 ) 835 -1161

APPEARANCE PAYMENT CAN BE MADE ONLINE @ [www.SmallClaimsCourtLawyer.com](http://www.SmallClaimsCourtLawyer.com)