

August 13, 2025

ATTORNEY-CLIENT FEE CONTRACT

Client Information

Name: Donald Cameron and Tracy Hamer

Address: 1538 Terracina Circle

Manteca, CA 95336

Telephone (cell): 919-429-9377

Telephone (cell): 650-622-6492

This Attorney-Client Fee Contract ("Contract") is between Ruderman & Knox, LLP ("Attorney") and Donald Cameron and Tracy Hamer ("Client").

1. **Conditions.** This Contract will not take effect, and Attorney will have no obligation to provide legal services, until Client returns signed copies of the Contract and pays the deposit called for under Paragraph (3).
2. **Scope and Duties.** Client hires Attorney to provide the following legal services:

advise and represent Client and Graydon Cameron regarding Graydon's special education program and services.

Attorney shall provide the legal services described above, and shall take reasonable steps to keep Client informed of progress and to respond to Client's inquiries. Client shall be truthful with Attorney, cooperate with Attorney, keep Attorney informed of developments, abide by this Contract, pay Attorney's bills on time, and keep Attorney advised of Client's address, telephone number and whereabouts.

If a special education action is filed, Attorney will represent Client through

the due process hearing. This agreement does not cover representation on appeal or compliance and enforcement of a settlement agreement.

3. **Initial Deposit.** Client shall pay **\$0.00** to Attorney as a deposit towards legal fees and costs. The deposit will be placed in a client trust account. Client authorizes Attorney to withdraw sums from the trust account to pay the fees Client incurs. Any unused trust deposit at the conclusion of Attorney's services will be refunded to Client.
4. **Monthly Deposit.** By **August 25, 2025**, Client shall pay to Attorney **\$20.00** per month as a monthly deposit toward legal fees. Payments are due on the twenty-fifth (25th) day of every month. Client authorizes Attorney to withdraw sums from the trust account to pay the fees Client incurs. Any unused trust deposit at the conclusion of Attorney's services will be refunded to Client.
5. **Reimbursement for Legal Fees.** Client may be entitled to all, partial or no reimbursement of reasonable legal fees and costs from the public education agency or agencies responsible for Graydon's education. To the extent that such reimbursement is permissible under the law, Attorney will endeavor to obtain such reimbursement for Client. If Client's legal fees are not reimbursed in full by said agency or agencies, Client will be responsible for payment of any legal fees not reimbursed.
6. **Legal Fees.** The fee for senior partner's services is **\$550.00 per hour**, the fee for junior partner's services is **\$550.00** and the fee for associate attorney's services is **\$250.00-500.00 per hour**. The fee for law clerk's services is **\$150.00-250.00 per hour**, and the fee for paralegal and legal assistant's services is **\$100.00-150.00 per hour**. In general, the following minimum times will be billed for communications: e-mail @ 0.2 hour; phone consultations @ 0.2 hour; and correspondence @ 0.3 hour.
7. **Authorization to contract with other attorneys and/or paralegals.** Client authorizes Attorney to contract with other attorneys and/or

paralegals to perform legal services on Client's behalf. Attorney shall maintain responsibility for representation of Client. Legal fees for such services shall not exceed Attorney's hourly rate and shall be subject to paragraph (9) below.

8. **Costs and Expenses.** In addition to paying legal fees, Client shall reimburse Attorney for certain costs and expenses incurred by Attorney, including but not limited to travel expenses, process servers' fees, fees fixed by law or assessed by courts or other agencies, court reporters' fees, long distance telephone calls, copying charges, messenger and other delivery fees, investigation expenses, consultants' fees, expert witness fees and other similar items. Client authorizes Attorney to incur all reasonable costs. However, Attorney shall obtain Client's consent before incurring any cost in excess of **\$200.00**.
9. **Statements.** Attorney shall send Client periodic statements for fees and costs incurred. Client may request a statement at intervals of no less than thirty (30) days. Upon Client's request Attorney will provide a statement within (15) fifteen days.
10. **Notice of Use of Other Legal Counsel.** Client shall immediately notify Attorney if Client has retained or intends to retain other legal counsel for any matter related to Client's special education case, including family law or juvenile court matters.
11. **Additional Advance Deposit for Legal Fees.** With five (5) days written notice, Attorney may require Client to immediately provide an additional advance deposit for legal fees; Attorney may also require Client to immediately pay any past due balance. An Additional Advance Deposit for Legal Fees will be required if, in Attorney's judgment, Client is pursuing a legal case that does not have a significant chance of success.
12. **Discharge and Withdrawal.** Client may discharge Attorney at any time. Attorney may withdraw with Client's consent or for good cause. Good

cause for Attorney to withdraw includes the following: Client's breach of this Contract; Client's refusal to cooperate with Attorney or to follow Attorney's advice on a material matter; Client's conduct that unreasonably protracts litigation; conduct by Client which is detrimental to Client's child; Client's failure to pay the Additional Advance Deposit for Legal Fees set forth in Paragraph (11) or any other fact or circumstance that would render Attorney's continuing representation unlawful, unethical, or frivolous.

Should attorney be discharged or forced to withdraw Client will be responsible for any outstanding fees and costs to date.

13. **Conclusion of Services.** Attorney's services conclude upon completion of the special education due process administrative hearing or if Attorney is discharged or withdraws. Upon completion of the special education due process administrative hearing, Attorney and Client may agree to extend Attorney's services. The contents of Client's file may be destroyed without review five (5) years after the conclusion of services unless Client has requested delivery of the files. Attorney will, upon Client's written request and within thirty (30) days of Client's request, deliver Client's file to Client, along with any Client funds or property in Attorney's possession.
14. **Lien.** Client hereby grants Attorney a lien on any and all claims or causes of action that are the subject of Attorney's representation under this agreement. Attorney lien will be for any sums owing to Attorney for any unpaid costs, or attorneys' fees, at the conclusion of Attorney's services. The Client will attach to any recovery Client may obtain, whether by arbitration award, judgment, settlement or otherwise. The effect of such a lien is that Attorney may be able to compel payment of fees and costs from any such funds recovered on behalf of Client even if Attorney has been discharged or withdrawn before the end of the case. Because a lien may affect Client's rights to funds obtained as a result of litigation. Client may seek the advice of an independent lawyer of Client's own choice before agreeing to such a lien. By initialing this paragraph, Client represents and

agrees that Client has had a reasonable opportunity to consult such an independent lawyer and - whether or not Client has chosen to consult such an independent lawyer - Client agrees that Attorney will have a lien as specified above.

DC (Client Initial) TH (Client Initial) _____ (Attorney Initial)

15. **Receipt of Proceeds.** All proceeds of Client's case shall be deposited into Attorney's trust account for disbursement in accordance with the provisions of this agreement, unless otherwise specified in a settlement agreement.
16. **Attorney Does Not Practice Tax Law.** Client understands that Attorney does not practice tax law and cannot give tax advice to Client about the taxation of a settlement award or judgment.
17. **Effective Date.** This Contract will take effect when Client has performed the conditions stated in Paragraph (1), but its effective date will be retroactive to the date Attorney first provided services. The date at the beginning of this Contract is for reference only. Even if this Contract does not take effect, Client will be obligated to pay Attorney the reasonable value of any services Attorney may have performed for Client.
18. **Disclaimer of Guarantee.** Nothing in this Contract and nothing in Attorney's statements to Client will be construed as a promise or guarantee about the outcome of Client's matter. Attorney makes no such promises or guarantees. Attorney's comments about the outcome of Client's matter are expressions of opinion only.
19. **Modification by Subsequent Agreement.** This agreement may only be modified by subsequent written agreement between Attorney and Client or an oral agreement only to the extent the parties carry it out.
20. **Execution.** By their signatures below, Attorney and Client indicate that they

Donald Cameron and Tracy Hamer
Attorney-Client Fee Contract
Re: Graydon Cameron
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have discussed this Agreement and fully understand its terms.

Donald Cameron
Donald Cameron (Aug 13, 2025 21:32:17 PDT)

Date 8/13/2025

Donald Cameron

Tracy Hamer
Tracy Hamer (Aug 13, 2025 21:25:01 PDT)

Date 8/13/2025

Tracy Hamer

Date _____
Christian M. Knox

AUTHORIZATION

Graydon Cameron, a minor, is my son. On behalf Graydon, I hereby authorize Ruderman & Knox, LLP to act as our representative with regard to all matters relating to Graydon's education, including but not limited to the following: assessments, IEP meetings, mediation conferences, and due process hearings, and/or complaints filed with local education agencies, the Office of Administrative Hearings, or the State Department of Education.

This authorization includes the right to observe Graydon in his educational environment and to ask questions and obtain information and records relating to his assessment, eligibility for special education, program and placement.

Signature: *Donald Cameron* Date: 8/13/2025
Donald Cameron (Aug 13, 2025 21:32:17 PDT)

Signature: *Tracy Hamer* Date: 8/13/2025
Tracy Hamer (Aug 13, 2025 21:25:01 PDT)

Name: Donald Cameron and Tracy Hamer

Address: 1538 Terracina Circle

Manteca, CA 95336

Re: Graydon Cameron; date of birth 02/02/2015

AUTHORIZATION FOR EXCHANGE OF INFORMATION

To: _____

I hereby request and authorize the exchange of information pertaining to my child Graydon Cameron, date of birth 02/02/2015, between you and Ruderman & Knox, LLP.

Signature: Donald Cameron Date: 8/13/2025
Donald Cameron (Aug 13, 2025 21:32:17 PDT)

Signature: Tracy Hamer Date: 8/13/2025
Tracy Hamer (Aug 13, 2025 21:25:01 PDT)

Name: Donald Cameron and Tracy Hamer

Address: 1538 Terracina Circle

Manteca, CA 95336

Note: *This authorization expires one year from the date of signature.*

Authorization Form - B

Authorization for Release of Protected Health Information

I, Tracy Hamer, hereby authorize _____

_____ to disclose the following Protected Health Information to Ruderman & Knox, LLP: The entire medical file such as but not limited to any and all medical and psychological assessments, treatment logs and financial records.

This Protected Health Information is being used or disclosed to carry out treatment, payment and/or health care operations of Ruderman & Knox, LLP in the following manner:

To obtain information in order to ensure that adequate treatment and/or special education services are provided to Graydon Cameron.

This Authorization shall be in force and effect for one year from the date of signature, at which time this authorization to use or disclose this Protected Health Information expires.

I understand that I have the right to revoke this Authorization, in writing, at any time by sending such written notification _____

_____ at _____

I understand that a revocation is not effective to the extent that Ruderman & Knox, LLP has relied on the use or disclosure of the Protected Health Information.

I understand that information used or disclosed pursuant to this Authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal or state law.

will not condition my treatment, payment, or enrollment (if applicable) in a health plan or eligibility for benefits on whether I provide Authorization for the requested use or disclosure.

I understand that I have the right to refuse to sign this Authorization.

Tracy Hamer

Tracy Hamer (Aug 13, 2025 21:25:01 PDT)

8/13/2025

Signature of Patient or Personal Representative Date

Tracy Hamer, Mother

Print Name of Patient or Personal Representative, Relationship