

**FAMILY LAW ATTORNEY
LAW OFFICE OF RIKISHA D. THOMAS**

2134 WEST TEMPLE ST.
LOS ANGELES, CA 90026

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LOS ANGELES, CA 90015

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FAMILY LAW SERVICES AGREEMENT

1. IDENTIFICATION OF THE PARTIES:

This agreement is entered into on _____, 2026 by and between **RIKISHA D. THOMAS, ESQ.**, 2132 West Temple Street, Los Angeles, CA 90026, and _____, 1012 W. Duarte Rd. Apt 18, Arcadia, CA 91007 (the "Client").

2. CASE INFORMATION:

- Case Name: _____
- Case Number: _____

3. SCOPE OF SERVICES: Attorney is retained for the limited purpose of representing the Client for the hearing/appearance associated with the Form FL-960 filing.

4. LEGAL FEES & COURT APPEARANCE RATES: The Client agrees to the following flat-fee structure for the day of the hearing:

- Morning Session: \$_____ if the hearing concludes during the morning session on that day.
- Full Day/Afternoon Session: \$_____ if the hearing continues into the afternoon session.

5. COSTS & BILLING:

- The Attorney's standard hourly rate is \$450.00 for work outside of the flat-fee appearance.
- Client is responsible for all filing fees and court costs.
- Payment Method: Payments shall be made via Zelle to +1 (323) 674-4729.

6. ARBITRATION & GOVERNING LAW: This agreement is governed by California law. Any disputes shall be resolved through binding arbitration in Los Angeles County, and both parties waive their right to a jury trial.

Executed on _____, 2026, in Los Angeles, California.

Printed Name: _____

Signature: _____

Address: _____

Contact/Phone: _____

Date: _____

Emergency Contact/Phone: _____

Name of Emergency Contact: _____