

**FAMILY LAW ATTORNEY INLAND EMPIRE
LAW OFFICE OF RIKISHA D THOMAS**

11326 Winery Dr., Suite A, Fontana, CA 92337

Phone: (909) 229-4324

LIMITED SCOPE REPRESENTATION

1. PARTIES

This Agreement is entered into on _____, 2026, by and between: **Law Office of Rikisha D. Thomas, Esq, dba Law Office of Rikisha D. Thomas** (“Attorney”) and _____

2. LIMITED SCOPE OF REPRESENTATION

Client retains Attorney on a **limited scope basis** for representation at a specific court hearing only.

Hearing Description: _____

Court Date: _____

Attorney will:

- Appear at the above-referenced hearing
- Provide oral argument and legal representation at that hearing .
- Attorney will not provide legal advice or services beyond the limited scope described in this Agreement executed.

3. EXCLUDED SERVICES

Unless separately agreed in writing, Attorney will NOT:

- Draft or file pleadings or court documents
- Prepare or respond to discovery
- Communicate with opposing counsel outside the hearing
- Provide ongoing legal representation
- Handle appeals, enforcement, or post-hearing matters
- Attorney is not responsible for the accuracy, completeness, or legal sufficiency of any documents prepared by Client unless Attorney has expressly agreed in writing to review such documents.,

4. CLIENT RESPONSIBILITY FOR DOCUMENTS

Client is solely responsible for:

- Preparing and filing all court documents
- Serving all required documents
- Complying with all court deadlines

Client agrees to provide Attorney with copies of all relevant filings **no later than 48 hours before the hearing**.

Attorney may review documents only if separately agreed and billed. The attorney-client relationship created by this Agreement is limited solely to the hearing identified above.

5. FEES

Client agrees to pay:

- **Flat Fee:** \$450.00 (covers up to 4 hours of Attorney time)
- This Agreement covers a single court appearance only and does not include any continued representation beyond the scheduled hearing.

This includes:

- Pre-hearing review
- Court appearance
- Travel and waiting time

6. ADDITIONAL TIME

If the matter exceeds 4 hours, additional time will be billed at:

- \$450 per hour

Attorney will notify Client if additional time is required whenever possible.

7. PAYMENT TERMS

- Payment is due in full **in advance of the hearing**
- Payment is **earned upon scheduling and is non-refundable to the extent** permitted by California law.

8. OPTIONAL UPGRADE

If Client requires additional services, including discovery, subpoenas, additional hearings, or ongoing representation, a separate agreement and additional fees will be required.

9. CLIENT COMMUNICATION POLICY

Attorney's office hours are Monday through Friday, 9:00AM to 5:00 PM. Client agrees that communication shall occur during regular business hours. Calls, email, and text messages received after hours, weekends, or holidays will be responded to on the next business day. Attorney is not obligated to respond to non-emergency communications outside of business hours, After-hours or weekend communication may be subject to additional fees at Attorney's discretion.

10. NO CONTINUING DUTY

Attorney's representation **ends immediately upon conclusion of the hearing.**

Attorney has no obligation to take further action unless a new written agreement is signed.

11. NO GUARANTEE

Attorney makes no guarantees regarding the outcome.

12. CLIENT ACKNOWLEDGMENT

Client understands and agrees:

- This is limited scope representation only
- Attorney is not responsible for the overall case
- Client acknowledges that Attorney's representation is limited and that Client remains responsible for overall case strategy and management.

13. WITHDRAWAL / COMPLETION

Attorney's representation is complete at the conclusion of the hearing.

Client understands Attorney may file a **Notice of Completion of Limited Scope Representation** with the court, if required.

14. GOVERNING LAW

This Agreement shall be governed by the laws of the State of California.

15. SIGNATURES

Executed on _____, 2026.

CLIENT:

Name: _____

Signature: _____

Phone: _____

Email: _____

ATTORNEY: _____

Rikisha D. Thomas

Signature: _____