

**CLIENT - INFORMATION**

NAME

ADDRESS

**TIME RECORD**  
**PROJECT ATTORNEY - 1099**

CONTACT

CITY/STATE/ZIP

PHONE 213-430-0440  
Fax 213-430-0445

**PROJECT ATTORNEY - INFORMATION**

NAME

I CERTIFY THAT THE HOURS SHOWN ON THIS TIME RECORD ARE CORRECT AND REPRESENT THE HOURS I WORKED FOR THIS CLIENT

ASSIGNMENT COMPLETED

SOCIAL SECURITY #

SIGNATURE (MANDATORY)

I WILL PICK UP THE CHECK

	Date	Start Time	Lunch Out	Lunch In	End Time	Total Hours	Initials
						<b>.25 = 15 minutes</b>	
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
SATURDAY							
SUNDAY							
Week Ended							
<b>Week Ending Date</b>					<b>Weekly Total</b>		

BY EXECUTION OF THIS DOCUMENT, CLIENT AGREES THAT 1) THE HOURS SHOWN ABOVE ARE CORRECT 2) THE WORK PERFORMED WAS SATISFACTORY, AND 3) IF THE A.N.S. TERMS & CONDITION AGREEMENT FOR THIS ASSIGNMENT HAS NOT BEEN SIGNED, CLIENT IS BOUND BY THE TERMS & CONDITIONS BELOW.

**CLIENT APPROVAL** SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_ TITLE \_\_\_\_\_

**FEES/PAYMENT:** INVOICES to Client are DUE UPON RECEIPT because Attorney Network Services ("A.N.S.") invoices represent payroll already paid. A.N.S. may charge late fees if invoices are not paid in a timely manner. Client will reimburse Project Attorney for out of pocket expenditures incurred in the performance of services in accordance with the Client's policies and procedures.

**BACKGROUND/QUALIFICATIONS OF PROJECT ATTORNEYS:** Client and Project Attorney are solely responsible for determining the qualification and competency of Project Attorney to perform any work under this assignment. A.N.S. WILL HAVE NO LIABILITY OR OBLIGATION of any kind with respect to the accuracy or completeness of any information furnished by Project Attorney or such Project Attorney's qualifications or competency.

**INSURANCE:** A.N.S. HAS NO LIABILITY FOR, AND MAINTAINS NO WORKERS COMPENSATION FOR PROJECT ATTORNEY AND NO LEGAL MALPRACTICE INSURANCE COVERING, ACTIONS, ERRORS OR OMISSIONS OF PROJECT ATTORNEY AND THAT IT IS THE RESPONSIBILITY OF CLIENT TO OBTAIN WHAT EVER INSURANCE IT FINDS NECESSARY.

**CONFIDENTIALITY/CONFLICTS OF INTEREST/ETHICAL OBLIGATIONS:** Client will not engage Project Attorney where such engagement would cause a conflict of interest, lead to the disclosure of confidential client information or violate any ethical obligations applicable to them. Client also assumes all responsibility for protecting confidential information of its clients. Client will use its best efforts to limit exposure of each Project Attorney to only such files, meetings and other matters as are related to Project Attorney's assignment.

**INDEMNIFICATION:** Client will indemnify and hold harmless A.N.S. and its directors, officers, employees, related parties and representatives, from, against and in respect of, any and all liabilities, losses, damages, settlements, claims, costs and expenses, including, but not limited to, reasonable attorneys' fees, and any and all actions, suits, proceedings, demands, assessments or judgments, costs and expenses incidental to the foregoing resulting from, or arising out of (a) any breach of this Agreement by Client and (b) any work, action, failure to act or other activity of Project Attorney while engaged by Client, whether such claims are raised by Client, a client of the Client or any other person.

**PLACEMENT FEE:** If Client, or any of its affiliates, engages Project Attorney, other than through this Agreement, or otherwise employs such Project Attorney in any capacity within ONE YEAR following the termination of Project Attorney's engagement hereunder, Client will pay A.N.S. a placement fee equal to 30% of Project Attorney's anticipated aggregate compensation (including potential bonuses) for the first twelve months of such employment or engagement.