



### Investigation Services Agreement

This agreement is made this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_  
between ICU Investigations, LLC (Company) and (Client), whose information is:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Other Information

**Rates and Services:** Client agrees to retain Company, and Company agrees to perform certain investigative, consultation and/or testimony services on behalf of Client, as requested and authorized by Client, as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The hourly rate of \$85 per hour, per investigator, plus expenses and applicable sales tax, will be charged to Client for time spent performing any and all of the following services on behalf of Client for **general investigative** services rendered:

- Pre-investigation Client consultation and coordination
- Telephone conferences
- General investigation
- Client consultation and coordination during the assignment
- Preparation of written reports
- Post-investigation Client consultation and coordination
- Travel time
- Equipment installation and extraction, if any
- Any other tasks necessary to perform the services requested and authorized by Client not otherwise covered in this agreement.

Initials\_\_\_\_\_

877.986.1200 [pi@iculegal.com](mailto:pi@iculegal.com) [www.processserverutah.com](http://www.processserverutah.com) 435.986.1200

250 N Red Cliffs Dr. #4B-275, St. George, UT 84790



The hourly rate of \$85 per hour, per investigator, plus expenses and applicable sales tax, will be charged to Client for time spent performing and all of the following services on behalf of Client for technical investigations, computer forensics, expert investigative consultation, security consultation, and all **investigative and consultative expert services**.

- Pre-investigation Client consultation and coordination
- Telephone conferences
- Technical investigation
- Client consultation and coordination during the assignment
- Preparation of written reports
- Post-investigation Client consultation and coordination
- Travel time
- Any other tasks necessary to perform the services requested and authorized by Client not otherwise covered in this agreement.

The hourly rate of \$85 per hour, per investigator, plus expenses and applicable sales tax, will be charged to Client for time spent performing any and all of their following services **on behalf of Client**:

- Testimony, deposition or trial, now or in the future, resulting from the work performed by company under this agreement
- Preparation for testimony
- Standby for testimony
- Travel time

**Expenses:** Expenses will be charged to and payable by the Client as follows:

- Mileage \$ 2.50 per mile one way
- Copy fees (in-house) \$ .25 per copy
- Copy fees (other)
- Fax transmissions (long distance) \$ at cost
- Long distance telephone expense \$ at cost
- Computer database expense varies
- GPS Activation \$80 per every 30 days
- GPS Installation \$85.00 per hour
- Lost or Stolen GPS \$800.00
- GPS per week/ GPS per day \$650 / \$125
- Other expenses at cost
- Sales Tax as required by law

**Sales Tax:** Sales Tax will be billed to Client in the manner and at the rate as required by applicable law at 6.35 % of all services rendered and all expenses billed.



**Retainer and Billing:** A required retainer in the amount of \$\_\_\_\_\_, of which \$170.00 is non-refundable, is to be paid to the Company by the Client prior to the commencement of any services to be performed by Company.

A two hour minimum fee will be charged for any and all services performed by Company.

In addition to the retainer, Client agrees to pay the balance, if any, of all fees, expenses and sales tax within thirty (30) days of the receipt of any invoice from Company. It is further understood and agreed that interest will accrue at 2.5% per month, based upon the balance due.

An additional bookkeeping fee of \$25.00 shall be added every ninety (90) days to all unpaid invoices which become (90) or more days past due. If the account is placed in the hands of an attorney for collection or is collected by suit or through probate, Client agrees to pay any and all court costs, reasonable attorney fees and any other expenses necessary to enforce the terms of this agreement.

Client further agrees to pay \$20.00 per every check that results in a bank deeming the Client's check that is submitted for payment has insufficient funds. Client will provide a cashier's check or money order to replace any bounced check and fees owing in addition to any future billings.

**Reports:** Company agrees to deliver to Client a written report, if requested, upon completion of all services to be performed under this agreement, or from time to time as requested by Client.

**Termination:** This agreement may be terminated by Client or by Company at any time by giving written notice to the other party at the addresses shown herein, effective upon receipt. Upon termination for any reason, Client agrees to remit to Company payment in full for all services rendered pursuant to this agreement, plus expenses and applicable sales tax, that are incurred through the date of the termination.

**Confidentiality:** This agreement shall be governed by and interpreted in accordance with the laws of the State of Utah. **It is understood and agreed that Company cannot and does not guarantee success of the desired results from services rendered by Company pursuant to this agreement.** This agreement shall become effective upon execution by both parties and with receipt of the retainer required herein.



CLIENT:

\_\_\_\_\_  
Printed Name of Client

\_\_\_\_\_  
Signature of Client

Cell Ph: \_\_\_\_\_

Work Ph: \_\_\_\_\_

Email: \_\_\_\_\_

Client DOB: \_\_\_\_\_

Client SS# \_\_\_\_\_

Client DL# \_\_\_\_\_ State \_\_\_\_\_

ICU Investigations, LLC:

\_\_\_\_\_  
Agent / Manager

\_\_\_\_\_  
Signature

ICU Investigations, LLC  
250 N Red Cliffs Dr #4B-275  
St. George, UT 84770  
435-986-1200  
435-986-1825

**Payment By Credit Card** (client agrees to pay an additional 3.2% credit card use fee)

Business Name \_\_\_\_\_

Name on Credit Card \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CCV# \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Amount \$ \_\_\_\_\_

Credit Card Fee x 3.2% \_\_\_\_\_

Total \$ \_\_\_\_\_

Cardholder hereby authorizes ICU Investigations, LLC to charge the above listed credit card for Civil Process Service or Investigation Services.

Cardholder Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Please note that every page of this agreement must be initialed and returned to ICU Investigations*