

RETAINER STATEMENT*

TO: Office of Court Administration
of the State of New York
Post Office Box 2016
New York, New York 10008

1. Date of agreement as to retainer: _____
2. Terms of compensation: 33 1/3% of net recovery plus disbursements.
3. Name and home address of client: _____
4. If engaged by an attorney, name and office address of retaining attorney: _____
5. If claim for personal injuries, wrongful death or property damage, date and place of occurrence: _____
6. If a condemnation or change of grade proceeding:
 - (a) Title and description _____
 - (b) Date proceeding was commenced _____
 - (c) Number or other designation of the parcels affected _____
7. Name, address, occupation and relationship of person referring the client: _____

Dated: _____, New York

Yours truly,

 [Name of Attorney]
 [Name of Law Firm]
 [Address of Law Firm]
 ___ Dist., ___ Dept., ___ County

* Retainer Statements are required in the First (22 N.Y.C.R.R. § 603.25) and Second (22 N.Y.C.R.R. § 691.20) Departments. This form conforms with the requirements of the First Department. Check the requirements for your particular department.