

**ZHANG & ASSOCIATES, P.C.**  
U.S. IMMIGRATION ATTORNEYS & COUNSELORS

**ATTORNEY-CLIENT AGREEMENT**

This ATTORNEY-CLIENT ("Agreement") is entered into by and between  
\_\_\_\_\_ (Client) and ZHANG & ASSOCIATES, P. C. (Attorney).

1. **SCOPE AND DUTIES:** Client retains Attorney to provide legal services in connection with Advance Parole application for \_\_\_\_\_.
2. **LEGAL FEES:** Client agrees to pay for legal services as follows: Upon execution of the Agreement, Client must pay Five Hundred Dollars (\$500.00) flat attorney fees for one person, to Attorney as attorney's fees.
3. **MODIFICATION:** Any modification of the Agreement must be in writing and signed by Client and Attorney.
4. **PRIOR AGREEMENTS:** This Agreement incorporates all prior agreements and understandings between Client and Attorney.
5. **GUARANTEE OF PROFESSIONAL COMPETENCE:** Attorney agrees to use due diligence in furthering Client's and/or Beneficiary's best interests under the laws. Attorney is liable to Client for Attorney's negligence or incompetence. However, Attorney makes no guarantee of the outcome of the case.
6. **EFFECTIVE DATE:** This Agreement shall become effective if both Attorney and Client sign it and upon Attorney's receipt of the fees as listed in clause 2 above.
7. **GOVERNING LAW AND JURISDICTION:** This Agreement shall be governed and construed under the laws of the State of Texas. Client consents to the jurisdiction of the State of Texas and the venue of Harris County, Texas for any litigation regarding this Agreement.
8. **FILING FEES:** Client agrees to pay all filing fees to Zhang & Associates P.C. at the time of filing, including, but not limited to:  
*I-131 application: \$360.00 each person plus \$85 biometric fee for applicants ages 14 through 79. The application fee and biometrics services fee may be paid with one \$445 check. We usually do not accept filing fee payments via credit card except extreme situations.*

NOTE: All USCIS fees are subject to change without notice.

## Client Contact Information

Client Name: \_\_\_\_\_

Contacted Attorney Name: \_\_\_\_\_

Client Day Time Phone Number: \_\_\_\_\_

Client Home Phone Number: \_\_\_\_\_

Client Email Address: \_\_\_\_\_

Client Alternative Email Address: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Attorney Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Credit Card Payment

For credit card payment form [click here](#).

## Mail-in Payment

Please kindly make your check payable to Zhang & Associates, P.C., and mail it with a copy of signed agreement to:

Zhang & Associates, P.C.,  
9999 Bellaire Blvd, Suite 920,  
Houston, TX 77036