

# JAMES APESOS, MD, FACS

## MEMORANDUM OF UNDERSTANDING

### EXPERT MEDICAL WITNESS

In Re: Client \_\_\_\_\_ Case# \_\_\_\_\_

Court \_\_\_\_\_

The undersigned, in acting as legal counsel for stated client, and in certain instances as a representative of the legal practice named below, acknowledges full understanding of the fees for James Apesos, MD, FACS, to act as an expert witness in the specified case.

- 1) **Dr. Apesos charges a fee of \$1,500.00 per hour** to begin the review of depositions, files, or any related case records. The initial \$1,500 retainer fee is payable in advance. An additional fee of \$500.00 per hour may be additionally required for complex cases requiring extended research time.
- 2) Our fees for the actual depositions are an additional fee of \$1,500.00 per hour paid in advance. Once the date(s) and time(s) is/are scheduled, then **no refunds can be made**. For example, fees will not be refunded in case of settlement between the involved parties, postponement, continuances, and/or cancellation by the court or by either of the parties involved. A new date and time may be rescheduled at additional costs based on the same hourly rates stated above.
- 3) Dr. Apesos' fee for in-court testimony is \$11,500.00. Each reserved day out of town prior to court testimony will also cost \$11,500.00 plus all additional expenses of accommodations and travel fees. Once the fee has been paid in advance and the court date(s) and time(s) is/are scheduled, **then no refunds can be made**. A new date and time may be rescheduled at additional costs based on the same hourly rates stated above.

\_\_\_\_\_  
Legal Counsel/Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
of (Name of Firm)

\_\_\_\_\_  
Date/Time of Deposition

\_\_\_\_\_  
Address

\_\_\_\_\_  
Estimated Time Required

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

\_\_\_\_\_  
Total Amount due \$

This form was provided by: \_\_\_\_\_, Office Manager for James Apesos, MD