

**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 I-589 application for asylum in the United States for  
\_\_\_\_\_. This agreement does not obligate Attorney to represent Client in removal proceedings in case Client is referred to the immigration court or in any administrative or judicial appeals proceedings.
2. **LEGAL FEES:** The total attorney's fee is Five Thousand Dollars (\$5,000.00). Client agrees to pay for legal services as follows: Upon execution of the Agreement, Client must pay non-refundable Two Thousand Dollars (\$2,000.00) to Attorney as attorney's fee. If the Attorney receives the final approval notice from the INS, Attorney's representation is complete and Client must immediately pay Three Thousand Dollars (\$3,000.00) to Attorney.
3. **EMPLOYMENT AUTHORIZATION:** If Client's asylum application remains pending after six months of filing, Client may be eligible for employment authorization. If Client wishes to retain Attorney to apply for employment authorization on behalf of Client, Client must pay Attorney Two Hundred Dollars (\$200.00) as attorney's fee before Attorney is obligated to prepare such application.
4. **MODIFICATIONS:** Any modification of the Agreement must be in writing and signed by Client and Attorney.
5. **PRIOR AGREEMENTS:** This Agreement incorporates all prior agreements and understandings between Client and Attorney.
6. **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.
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.

## 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 for attorney fee [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