

# Matthew J. Ruff

Attorney at Law

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**Instructions:** To retain the Attorney to represent you in Court:

- 1) Contact Attorney at **310-527-4100** to confirm the specific Fee for your case
  - a. (Default **\$2500** – regular misdemeanor - • - **\$3500** – aggravated misdemeanor)
- 2) Read, complete, and sign the Client Information and the Retainer Fee Agreement below
- 3) Fax/ E-Mail this completed form, with a copy of your ticket or notice to appear

## CLIENT INFORMATION

FULL NAME: \_\_\_\_\_

CASE # (if known – otherwise Booking or Ticket #) \_\_\_\_\_

LICENSE (ID) #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

COURT APPEARANCE DATE: \_\_\_\_\_ WHICH COURT? \_\_\_\_\_

PHONE NUMBERS: Home: \_\_\_\_\_ Cell : \_\_\_\_\_

E-Mail: \_\_\_\_\_

HOME MAILING ADDRESS: \_\_\_\_\_

CREDIT CARD BILLING ADDRESS \_\_\_\_\_ /

## RETAINER FEE AGREEMENT

I, \_\_\_\_\_ (“Client”) retains Matthew Ruff (“Attorney”) to represent me through pretrial and disposition in the Superior Court for the offense(s) of:

- 1) Violation of: Vehicle or Penal Code § \_\_\_\_\_
- 2) Violation of: Vehicle or Penal Code § \_\_\_\_\_

**FEE: \$ \_\_\_\_\_ Client agrees to pay the FLAT FEE as agreed to by Attorney and Client.**

Charge my  Visa  Master Card \_\_\_\_\_  
Credit Card Number Ver. Code Exp. Date

(Attach a copy of the cardholder’s driver’s license and the front and back of the credit card)

The Attorney shall appear in Court and represent the Client in the defense of the above charges. Attorney will only begin work once the Retainer Agreement and Fee are received. No Jury Trial is included in this fee. Attorney will try to resolve case by avoiding DMV points to Client’s Driver’s License and to reduce any fines/punishments or other Court penalties. However, the client acknowledges that Attorney does not guarantee any particular result as each case is resolved based on factors of the offense and Client’s record.

**I hereby authorize Attorney to plea or resolve my case in the way that Attorney deems in my best legal interests, and I agree to assist and accept that resolution.**

Client or Representative’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_ \