

Client Research Request and Authorization for Services

I, _____, known in this agreement as Client, enclose a check or money order payable to "Patricia Summers-Smith" (dba RootsTracker Research Services) in the amount of \$ _____ (\$ U.S.) to authorize research or computer services to be performed by Patricia Summers-Smith, known in this agreement as Genealogist. Client authorizes Genealogist to conduct this service on his/her behalf for an amount not to exceed \$ _____ (time and expenses), with any outstanding amount to be paid in full before delivery of research report. The objective of this service or research report is:

PLEASE NOTE: All pertinent information Client has on this research subject will be provided to Genealogist before start of the project to prevent duplication of work previously done by others. This includes copies of records, summaries of previous research, reports, notes on sources previously researched, family group sheets, pedigree charts, etc.

Genealogist will provide a detailed report covering services performed. For research services this includes citations for sources checked during the research, analysis of findings, and an itemized report of the time used and expenses incurred. For computer services this will include tasks performed and final product such as electronic files, as required. Research will not be started until after receipt of payment and authorization.

The research costs will be charged as follows: \$35.00 per hour, including review of information supplied by Client, preparation of a detailed research plan, research, analysis and interpretation of findings, and report preparation, PLUS cost of microfilm rentals, photocopies, long distance phone charges, postage, parking at research facilities, travel, and other necessary expenses. **Balance in full is due before the final report is sent.** Balance of unused fee, if any, will be returned along with the final report. When the authorized maximum has been reached or the objective has been reached, Genealogist will provide the report. Additional research can be authorized by agreement and payment of additional fees.

Genealogist will perform this work as an independent contractor in accordance with prevailing standards in the profession, including adherence to the Code of Ethics of the Association of Professional Genealogists (APG). If the parties are unable to agree on any matter arising out of this contract, the issues shall be submitted to the arbitration process of APG. The finding of the arbitrator shall be final, permanent, and binding on both parties.

The research report is a proprietary report compiled solely for the Client. **Genealogist retains copyright to the report** and the manner in which information has been expressed in it. Client may make limited numbers of personal copies of Genealogist's report as a "fair use" of the copyrighted material. **Client use of the facts within the report are entirely as his/her discretion;** however the analysis and opinions expressed in the report remain intellectual property of Genealogist and, when cited or quoted, must cite her as the author and must be quoted precisely. Genealogist retains the right to use the information in the report for publications and lectures unless these specific rights are negotiated between Client and Genealogist. **Client specifically grants permission to Genealogist to use the report and related files from this research for application or renewal purposes to the Board for Certificate of Genealogists (BCG).** Information provided by Client shall be held confidential, unless authorized in writing or compelled by a court.

Client understands there are no guarantees regarding what information, if any, may be found or what conclusions may be drawn from it and that no predictions can be made of the exact time needed to research the problem.

Signature of Client: _____ Today's date: _____
Print Client's Name _____
Address: _____ City, State, Zip: _____
Phone: _____ Email: _____

COMPLETE AND MAIL THIS FORM WITH PAYMENT AND COPIES OF PREVIOUS RESEARCH MATERIAL TO GENEALOGIST:

Patricia Summers-Smith, dba RootsTracker Research Services, PO Box 46128, Westwood Station, Seattle, WA 98146, USA
rootstracker@yahoo.com

GENEALOGIST WILL SIGN BELOW AND RETURN A COPY TO YOU.

Signature of Genealogist: _____
Date signed: _____ Check/MO no.: _____ Date processed: _____