

## *FEDERAL PRISON ADVISORS*

This will serve as the agreement for services provided by Chartwell Services Corp. doing business as Federal Prison Advisors (hereinafter FPA) and \_\_\_\_\_ (hereinafter client). FPA will provide consulting services for an overview of the federal prison system and a preparation program as it pertains to the client. The sum due of \$ \_\_\_\_\_ is payable upon the signing of this contract is non refundable.

FPA will provide the client with a written report for the contracted services as well as answer questions that the client may have. FPA will provide an in person conference at the FPA office located in Hicksville, NY or by email or telephonic contact. If client desires the FPA representative to meet at another location, such will be the expense of the client and may result in additional expenses. FPA will spend as much time is reasonably necessary to answer and address all of client's questions and concerns as it pertains to the services contracted for.

FPA is not a law firm and does not, nor will it, provide any legal advice or services. FPA will not disclose to third parties the nature of our consulting with you, nor any information provided by you or your representative(s). This agreement is governed by the State and Courts of New York, Nassau County.

This letter will serve as our entire understanding without any oral modifications. FPA does not represent any outcome with the Federal Bureau of Prisons or any influence with or over such.

Dated:

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

\_\_\_\_\_  
Chartwell Services Corp. DBA Federal  
Prison Advisors

# FEDERAL PRISON ADVISORS

## CLIENT INFORMATION

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Home fax: \_\_\_\_\_

Place of employment and address: \_\_\_\_\_

Office phone: \_\_\_\_\_ Office fax: \_\_\_\_\_

How do you preferred to be contacted: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Number of children and age: \_\_\_\_\_

Attorney and firm representing you: \_\_\_\_\_

Attorney address: \_\_\_\_\_

Attorney phone: \_\_\_\_\_ Attorney fax: \_\_\_\_\_ Attorney email: \_\_\_\_\_

Prison designation (if made): \_\_\_\_\_ Date of surrender: \_\_\_\_\_

Case information:

Case number: \_\_\_\_\_ District: \_\_\_\_\_ Judge: \_\_\_\_\_

List co-defendants (if any) \_\_\_\_\_

Crimes charged with: \_\_\_\_\_

Date of indictment: \_\_\_\_\_ Date of plea or trial: \_\_\_\_\_

Sentence (if rendered) \_\_\_\_\_ Appeal pending: \_\_\_\_\_

Pre-Sentence Report completed: \_\_\_ pending: \_\_\_ if completed, date of report: \_\_\_\_\_

Medical issues, devices and medicines taken (if any): \_\_\_\_\_

Do you intend to apply for any special early release programs (please note which): \_\_\_\_\_