

FEE AGREEMENT

I. Agreement - I employ _____ to represent me before the Social Security Administration (SSA) in my disability case.

II. Fee - I understand if I do not win benefits, the attorney gets no fee. I understand the SSA must approve the fee before it can be charged or collected. If I win at any administrative level through the first administration law judge (ALJ) decision, I agree the fee will be *the lesser of* \$9,200 or twenty-five percent (25%) of all past-due Social Security Disability Insurance (SSDI) and Supplement Security Income (SSI) benefits to which me and any beneficiaries become entitled through the month before the month the SSA effectuates a favorable decision.

I understand my attorney has the right to seek administrative review to increase the amount of the fee set under the preceding paragraph of this agreement, and if so, my attorney will not ask for a fee of more than twenty-five (25%) of total past-due benefits awarded in my case. If the first ALJ decision after the date of this agreement is a denial, and my attorney agrees to appeal, and I win my case after said appeal is filed, I agree the fee will be twenty-five percent (25%) of all past-due SSDI and SSI benefits to which me and any beneficiaries become entitled through the month before the month the SSA effectuates a favorable decision.

This fee agreement does not pertain to any attorney's fees for civil litigation before a federal court.

III. Cooperation with Staff and Other Attorneys - I understand and I agree that my attorney may work with staff members, staff attorneys, associate counsel, and other law firms in my case. I understand no additional fee due from me if an associate counsel or other law firm is employed.

IV. Costs - I understand that it may be necessary to incur costs for medical records, evaluations, and opinions to prepare and present my case. I understand these costs are in addition to this fee agreement. I understand it is my responsibility to pay for these costs whether I win or lose.

V. Withdrawal - I understand my attorney/representative reserves the right to withdraw from my case. I will inform my attorney if I stop getting medical treatment or use drugs, and my failure to inform my attorney of either may be a basis for attorney withdrawal from my case.

VII. Supremacy - This agreement amends, revokes, and supersedes all prior fee agreements.

Client

Attorney

Date

Date