

ATTORNEY FEE AGREEMENT
(CONTINGENT FEE-SOCIAL SECURITY CASES)

I, _____, SSN # _____, herein retain the Law Offices of Harold W. Conick & Associates, Ltd., Attorneys at Law, to represent me in my claim for Social Security and/or Supplemental Security Income (SSI) disability benefits, on the following terms:

1. I will pay no fee at all unless I win my case.
2. I understand that attorney's fees in Social Security cases are subject to the approval of the Social Security Administration (SSA) and any fee my attorneys charge or collect for me for their services must be approved by SSA.
3. I agree that if SSA favorably decides my claim at any stage through Appeals Council, the attorney fee will be the lesser of 25% of all past due benefits awarded to my family and me, or the dollar amount established pursuant to 42 U.S.C. § 406(a)(2)(A), which is currently \$6,000.00, but which may be increased from time to time by the Commissioner of Social Security.
4. I agree that if a Federal Court favorably decides my case, I will pay my attorney a fee equal to 25% of all past due benefits in my Social Security and/or SSI disability claims.
5. I understand that Social Security and Supplemental Security Income (SSI) "past due benefits" are the total amount of money to which I, and any family members who qualify on my account, become entitled through the month the SSA make a favorable administrative decision on my claim.
6. In addition to the attorney fee, if the Law Offices of Harold W. Conick & Associates, Ltd. has to pay my doctors or hospitals for doctors' reports and copies of my medical records, I will repay the Law Offices of Harold W. Conick & Associates, Ltd. for these costs.
7. If my case is appealed to Federal Court, and if the Court orders the Social Security Administration to pay attorney fees under the Equal Access to Justice Act, such fees shall belong to my attorneys to the extent permitted by law. The Law Offices of Harold W. Conick & Associates, Ltd. reserves the right to decline acting as my representation to Federal Court.
8. If I am a public aid recipient and my SSI claim is favorably decided by SSA, my attorney may apply for and receive the State of Illinois Public Aid fee when available.
9. My attorneys and I have all received signed copies of this agreement.
10. The Law Offices of Harold W. Conick & Associates, Ltd. agrees to give their best effort in representing me, but I understand there is no guarantee that my claim will be approved by the Social Security Administration.
11. I understand that if I was referred to Harold W. Conick & Associates, Ltd. by an attorney, and if there was an agreement by Harold W. Conick & Associates, Ltd. to pay a co-counsel fee, the client approves of such fee payment.

Dated: _____

Client: _____

Harold W. Conick & Associates, Ltd.
