

WORKERS' COMPENSATION RETAINER AGREEMENT

I, the undersigned client, do hereby retain and employ PAUL S. LEVIN, ESQ., as my attorney to represent me concerning any possible claims for damages against any persons, firms, or corporations liable therefore resulting from an accident/injury that occurred on _____.

I agree to pay my attorney from the proceeds of my Workers' Compensation Claim as follows:

A 20% contingency fee. The contingency fee is based on the receipt of the following types, without limitation, of proceeds obtained pursuant to the Workers' Compensation claim:

- (a) any contested temporary total or temporary partial disability benefits;
- (b) scarring award;
- (c) permanent partial disability award otherwise known as specific benefits;
- (d) settlement or stipulation resolving all or part of your Workers' Compensation claim.

It is also understood that any costs or expenses associated with pursuing this Workers' Compensation claim will be deducted from funds received in connection with this pending claim. It is agreed and understood that this employment is upon a contingency fee basis and if no recovery is made as set forth above, I will not be indebted to my attorney for any sum whatsoever for attorney's fees.

I have been instructed not to discuss this case with any other attorney, insurance adjuster, nor any individual, except with the permission of my attorney.

I hereby consent to the disclosure of any medical records which I may authorize my attorney to obtain to whomsoever he deems appropriate in connection my claim.

I hereby acknowledge that I have, this date, received a copy hereof.

Date: _____

