

Bridgman Law Offices, PLLC

428 East 4th Street
Suite 101
Charlotte, NC 28202

Phone – (704) 815-6055
Toll Free -(888) 632-9912
Fax - (704) 271-9708

ATTORNEY FEE AGREEMENT

I hereby retain Bridgman Law Offices, PLLC to represent me in my Social Security Disability claim.

I understand there will not be any attorney’s fees unless I receive Social Security Benefits. If I do receive Social Security Benefits, the maximum fee will be the lower of (a) 25% of all past due benefits for me and/or my family, or (b) \$6,000, which is the applicable maximum amount set by the Commissioner pursuant to 42 U.S.C. Section 406(a). The maximum amount allowed may be raised by Social Security at any time. If that happens, the maximum fee under 42 U.S.C. Section 406(a)(2)(A) will apply.

I understand that I am responsible for any court costs incurred, copying of medical records needed, postage and medical reports. I also agree to take possession of my medical files at the conclusion of the case. My failure to take possession of these files within 60 days after the conclusion of the case will authorize my attorney to destroy said files.

I understand that this agreement may be canceled by either party at any time, for any reason. I agree to notify Bridgman Law Offices of their termination in writing, by registered mail at their office address. Bridgman Law Offices agrees to notify me of their withdrawal by registered mail to my last known address and give notice to the agency which may be processing my claim at that particular time. Should this agreement be canceled by me prior to the time a recovery is received, I will be responsible for paying Bridgman Law Offices a reasonable fee for the fair market value of the legal services rendered and expense incurred on my behalf. In this case, the maximum fee shall still be the lower of (a) 25% of all past due benefits for me and/or my family, or (b) \$6,000, which is the applicable maximum amount set by the Commissioner pursuant to 42 U.S.C. Section 406(a). I further agree that attorneys’ fees collected in this manner may be recovered by Bridgman Law Offices as a lien on my file.

If an unfavorable or partially favorable decision is rendered, and an appeal to the Appeals Council and/or District Court is filed, the total fee resulting from a subsequent favorable or partially favorable decision will be the equivalent of 25% of all retroactive benefits obtained for me and/or my family. In such a case, Bridgman Law Offices will file a Fee Petition for approval of the fee.

I understand that Bridgman Law Offices has promised to use their best efforts to help me with my claim, but have not promised me that I will win.

Signed this _____ day of _____, 20_____.

Claimant Name: _____

Claimant signature: _____

Claimant SSN: _____ - _____ - _____

We agree to represent the above Social Security Disability claimant under the terms and conditions stated.

Signed this _____ day of _____, 20_____.

Daniel A. Bridgman, Esq.

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I understand that Bridgman Law Offices has promised to use their best efforts to help me with my claim, but have not promised me that I will win.

Signed this _____ day of _____, 20_____.

Claimant (child) name _____ Legal guardian _____

Claimant (child) SSN: _____ - _____ - _____ Legal guardian SSN: _____ - _____ - _____

Legal guardian signature _____

We agree to represent the above Social Security Disability claimant under the terms and conditions stated.

Signed this _____ day of _____, 20_____.

Daniel A. Bridgman, Esq.