

## Fee Agreement for Representation on Social Security Administration Claim

I agree to retain \_\_\_\_\_ of Legal Services of Southern Piedmont (LSSP) to represent me in my claim for \_\_\_ Social Security Benefits or \_\_\_ Supplemental Security Income.

This agreement applies to any decision made by Social Security on my claim for benefits after the date of this agreement and continues to apply for so long as \_\_\_\_\_ remains my appointed representative.

**Agreed Fee.** I agree that, if SSA favorably decides the claim or claims, I will pay LSSP a fee equal to 25 percent of the past-due benefits resulting from my claims or Six Thousand Dollars (\$6,000.00), whichever is less. If my claim is unsuccessful, I will owe no fee to LSSP but will be responsible for expenses incurred by LSSP.

**Costs.** I agree to pay all costs incurred in my case, regardless of whether my claim is approved or denied. I will receive an itemized bill from my attorney for all costs that have been incurred. Costs include:

- bills incurred in obtaining medical reports,
- bills from doctors for writing letters or completing forms,
- postage and copying costs, and
- any other out of pocket expense incurred to prepare my claim.

**SSA Approval of Fee.** I understand that, for a fee to be payable, the Social Security Administration (SSA) must approve any fee LSSP charges or collects from me for services my representative provides in proceedings before SSA in connection with my claims for benefits.

**Review of the Fee.** I understand that one or both of us may request review of the fee amount, in writing, within 15 days after SSA has notified us of any amount my representative can charge.

- My representative may ask SSA to increase the fee, and he or she has informed me that he or she will do so if there is good cause for doing so based on the amount of work performed in the case.
- I or an affected auxiliary Social Security beneficiary, if any, may ask SSA to reduce the fee.
- If SSA approves the fee agreement, the SSA adjudicator may ask for a reduction of the fee under the agreement if, in his or her opinion, my representative did not represent my interests adequately or the fee is clearly excessive for the services provided.

If someone requests review, SSA generally will send the other party a copy of the request and offer an opportunity to comment on the request and provide more information to the person reviewing the request. SSA then will finally decide the amount of the fee and notify us in writing whether the fee increased, decreased, or did not change.

By signing this agreement, I certify that I do not have any other representative representing me on my SSA or SSI claim, and that I have received a copy of this agreement.

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Signature of Representative

\_\_\_\_\_  
SSN of Claimant

\_\_\_\_\_  
Date