

**ABRAMS LANDAU, LTD.
AGREEMENT TO RETAIN**

I hereby retain and employ ABRAMS LANDAU, LTD. to represent me in my claim for Social Security Disability benefits and/or Supplemental Security Income benefits, and for any benefits due my auxiliary beneficiaries by reason of my entitlement to such benefits.

I hereby agree that if the Social Security Administration favorably decides my claim(s), I will pay my representative a fee equal to the lesser of 25% of the past due benefits resulting from my claim(s) or \$5,300.00. My representative and I understand that for a fee to be payable, the Social Security Administration must approve any fee my representative charges or collects from me for services my representative provides before the Social Security Administration in connection with my claim(s) for benefits.

It is understood that Social Security past-due benefits are the total amount of money to which I and any auxiliary beneficiaries become entitled through the month before the month Social Security Administration effectuates a favorable administrative determination or decision on my claim.

I further agree to pay ABRAMS LANDAU, LTD., any costs which they incur in the handling of my claim including, but not limited to, the costs of medical reports, medical examinations by specialists, evaluation by a vocational expert, telephone charges, photostat charges, mileage to hearings, file-opening charges, or any other costs which are necessary in my particular case. I further understand that some or all of these costs may be required in advance, and I understand that I am fully responsible for the payment of all costs whether or not I receive benefits from Social Security Administration.

I have read over and fully understand the above contract.

Dated this _____ day of _____, _____ .

By: _____
Claimant

The above employment is hereby accepted upon the terms stated above.

By: _____
Abrams Landau, Ltd.