

PERSONAL INJURY CONTINGENCY FEE AGREEMENT

Date: [Insert Date]

Client Name: [Insert Client Name]

Address: [Insert Client Address]

City, State, Zip: [Insert City, State, Zip]

Attorney/Law Firm: [Insert Law Firm Name]

Address: [Insert Firm Address]

1. SCOPE OF REPRESENTATION

The Client retains the Law Firm to represent them in connection with claims for personal injuries and damages arising out of an incident that occurred on or about [Insert Date of Incident] involving [Insert Brief Description of Incident].

2. CONTINGENCY FEE PROVISIONS

The Client agrees to pay the Law Firm a legal fee contingent upon recovery of funds. The fee shall be calculated as follows:

- [Insert Percentage, e.g., 33.3%] of the gross recovery if settled prior to filing a lawsuit.
- [Insert Percentage, e.g., 40%] of the gross recovery if a lawsuit is filed or if the case goes to trial or mediation.

3. COSTS AND EXPENSES

In addition to legal fees, the Client is responsible for out-of-pocket expenses incurred by the Law Firm, including but not limited to medical record fees, filing fees, expert witness fees, and investigation costs. These costs will be deducted from the Client's share of the recovery after the contingency fee is calculated.

4. NO RECOVERY, NO FEE

If no recovery is obtained on behalf of the Client, the Client shall owe the Law Firm nothing for legal services or fees.

5. CLIENT COOPERATION

The Client agrees to be truthful, to keep the Law Firm informed of their contact information, and to cooperate fully in the preparation and protection of the case.

6. TERMINATION

The Client may terminate this agreement at any time. The Law Firm may withdraw from representation if allowed under the rules of professional conduct. If representation is terminated before recovery, the Law Firm may be entitled to a lien for services rendered.

7. SETTLEMENT

The Law Firm shall not settle the Client's claim without the Client's express consent and approval.

SIGNATURES

[Client Name], Client

[Attorney Name], For the Law Firm