Workers' Compensation Attorney-Client Fee Agreement

Date: [Insert Date]

Client Name: [Insert Client Name]

Attorney/Law Firm: [Insert Law Firm Name]

This agreement outlines the terms under which [Insert Law Firm Name] will represent [Insert Client Name] regarding a Workers' Compensation claim for injuries sustained on or about [Insert Date of Injury] while employed by [Insert Employer Name].

1. Scope of Representation

The Law Firm agrees to represent the Client in their Workers' Compensation claim for medical benefits, temporary disability, and permanent disability benefits. This agreement does not cover appeals beyond the administrative board or third-party personal injury lawsuits unless agreed upon in writing.

2. Contingency Fee Arrangement

Legal fees are contingent upon a recovery. If no recovery is made, the Client owes no attorney fees. Fees are generally set by statute or subject to approval by the Workers' Compensation Board/Commission. The agreed-upon fee is:

- [Insert Percentage, e.g., 15% to 25%] of the total settlement or award obtained.

3. Costs and Expenses

The Law Firm may advance costs related to the claim, such as medical record fees, expert witness fees, and filing fees. The Client agrees to reimburse the Law Firm for these out-of-pocket expenses from the proceeds of any settlement or award, separate from the attorney fee.

4. Client Responsibilities

The Client agrees to cooperate fully, provide all relevant medical information, attend scheduled medical examinations, and notify the Law Firm immediately of any change in employment status or contact information.

5. Termination

The Client may terminate this agreement at any time. The Law Firm may withdraw from representation if the claim lacks merit or if the Client fails to cooperate, subject to court approval where necessary.

Client Signature: _____

Date: _____

Attorney Signature: _____

Date: _____