

Contingency Fee Agreement

Date: [Date]

Client Name: [Client Full Name]

Client Address: [Client Street Address, City, State, Zip]

Attorney/Law Firm: [Law Firm Name]

Attorney Address: [Firm Street Address, City, State, Zip]

This agreement outlines the terms under which [Law Firm Name] ("Attorney") will represent [Client Name] ("Client") regarding the following legal matter: [Description of Case/Claim].

1. Scope of Representation

The Attorney agrees to provide legal services to the Client to pursue claims against [Name of Opposing Party] arising from [Date or Event]. This agreement covers services through trial but does not include appeals unless agreed upon in writing separately.

2. Contingency Fee Terms

The Client will not be charged an hourly rate. Instead, the Attorney's fee will be a percentage of the total amount recovered (the "Gross Recovery"). The fee is calculated as follows:

- [Percentage]% if the case is settled before a lawsuit is filed.
- [Percentage]% if the case is settled after a lawsuit is filed or goes to trial.

If no recovery is obtained, the Client owes the Attorney no legal fees.

3. Costs and Expenses

The Client is responsible for out-of-pocket costs (e.g., filing fees, expert witnesses, medical records). These costs will be: (Select one)

Advanced by the Attorney and deducted from the Client's share of the recovery.

Paid by the Client as they are incurred.

4. No Guarantee of Success

The Attorney makes no promises regarding the outcome of the case. The Client acknowledges that legal proceedings are uncertain.

5. Termination

The Client may terminate this agreement at any time. The Attorney may withdraw for good cause or if the Client breaches this agreement, subject to court approval where required.

Client Signature

Date: _____

Attorney Signature

Date: _____