## **SOCIAL SECURITY ATTORNEY FEE AGREEMENT**

This is a Fee Agreement between	member of The Hardin Law Firm, PLC, P.O. ement is for the sole purpose of pursuing a pplemental Security Income, together with Act. The scope of this Fee Agreement is ive proceedings before the Social Security is Council. <b>This fee agreement does not</b>
Claimant and Attorney agree that if SSA favora Attorney a fee equal to the lesser of the amount currently \$6000, or twenty five percent (259 claimants family resulting from the claim(s).	specified under 42 U.S.C.A § 406(a)(2)(A),
However, the maximum fee specified in the above paragraph applies only if a favorable decision is obtained at the administrative level up to, and including, the hearing before an Administrative Law Judge following the date of this fee agreement. If subsequent appeals are necessary, and a favorable decision is then obtained, Attorney may request SSA to approve a fee in the amount of twenty five percent (25%) of past-due benefits, with no specific dollar maximum. In that case, the fee petition process would be used to obtain approval of the fee form SSA.	
Claimant and Attorney understand that if Claimant does not receive a fully or partially favorable decision from SSA, Claimant will not owe Attorney any fee for services. Furthermore, if SSA favorably decides the claim(s), and if there are no past due benefits, this Fee Agreement will not apply. In such an event, or if SSA does not approve this fee agreement, Attorney will submit a Fee Petition for approval of a reasonable fee by SSA, in accordance with the applicable regulations.	
Claimant understands that SSA must approve any fee charged by Attorney for services provided in proceedings before the SSA in connection with the claim(s) for benefits, and Claimant has a right under 42 U.S.C. § 406(a)(3) to object to the fees. Claimant also understands and agrees that SSA will withhold the attorney fees from the payment of past due benefits, and SSA will pay such fees directly to attorney. Additionally, Claimant will be responsible for any and all expenses incurred for the purpose of pursuing a claim.	
Signed by:	Deborah L. Hardin, Attorney
Date signed:	Date signed:

Claimant's SSN: