

CONTRACT FOR LEGAL SERVICES

I, _____, hereby retain and employ the law office of PITTENGER LAW OFFICE, PLLC, (hereinafter "Law Office") as my attorney(s) to represent me in my claims arising from:

Auto accident, which occurred on _____;

and I hereby authorize any action on my behalf, including the institution of legal proceedings that they deem proper and necessary.

I desire the Law Office to provide legal representation on my behalf and I understand that the Law Office is willing to provide said presentation for the consideration and according to the terms hereinafter set forth:

I agree and understand that I will pay the Law Office an attorney fee of 33 1/3 percent of any and all amounts recovered from each and every Defendant prior to a lawsuit being filed. I further agree and understand that I will pay the Law Office a 40 percent attorney fee for any and all amounts recovered from each and every Defendant after a lawsuit has been filed.

In addition to the attorney fee described above, I hereby agree and understand that all costs incurred in pursuing my claims shall be paid by the client. Said costs include, but may not be limited to, court costs, subpoena costs, costs for photocopies, postage costs, depositions, court reporter costs, travel costs, cost of obtaining medical records/reports, costs of having medical records and medical bills independently organized and a settlement proposal prepared, the costs of expert witness and any and all other out-of-pocket expenses directly incurred in litigating this claim. The attorney fee shall be calculated upon the full amount of any recovery without reducing the recovery by any of the expenses discussed herein.

I also understand that if there is no monetary recovery, the Law Office **WILL NOT** seek reimbursement of any case expenses or other costs or interests from me. In other words, I understand that if I do not receive a monetary recovery, I will not be responsible for reimbursing the Law Office for any expenses or costs that the Law Office incurs on my behalf.

I hereby grant the Law Office full permission to disclose my medical records and medical bills to any and all persons, businesses, insurance companies, or any other individuals or entities whom the lawyer deems helpful or useful to my case. This specifically includes any person the lawyer may decide to review, organize, or otherwise view my medical records and any person the lawyer may chose to help prepare a settlement package on my behalf.

I further agree to cooperate and assist the Law Office in the preparation of my case including attending any conferences, identifying and locating witnesses, and preparation of any materials requested by the Law Office in a timely manner.

I further agree and understand that the Law Office has made no promises or guarantees regarding the

outcome of my claim. I understand the Law Office will investigate my claim, and if after so investigating my claim, believes that the claim does not appear to have merit or otherwise does not wish to proceed with my claim, then the Law Office has the right to cancel this agreement.

I understand this contract does not include any claims for "loss of consortium" for my spouse, my children, or any other person.

I understand this contract does not include any services beyond the trial of my claim and that any and all appeals would have to be separately discussed and separately negotiated and the Law Office is not obligated in any way to prosecute said appeal.

I further agree and understand that I have printed my address on the bottom of this contract and that I will accept any and all correspondence from the Law Office at said address. I agree that if I change addresses or otherwise will not accept correspondences at said address, I will provide written notification of my address change to the Law Office. Unless written notification is provided, I hereby give permission to the Law Office to assume I have received all correspondence mailed to me at said address even if I do not acknowledge receipt of said correspondences.

I further agree that once my claim is closed, my file may be stored or destroyed immediately by the law office of PITTENGER LAW OFFICE, PLLC at their sole discretion. Additionally, I give permission to store any and all information related to my case to our cloud based storage database system.

This Contract represents the entire agreement between the Law Office and the client. Neither party is relying on any representations not specifically included herein.

IN THE EVENT THAT I DO NOT RECEIVE A MONETARY RECOVERY, I UNDERSTAND THAT I WILL NOT OWE THE LAW OFFICE ANYTHING FOR SERVICES RENDERED OR EXPENSES ADVANCED.

PITTENGER LAW OFFICE, PLLC

DATE: _____

_____, Client
Signature

DATE: _____

_____, Client
Print Name

PLEASE PRINT ADDRESS BELOW:
