

Representation Agreement for 406(A) Fees

Attorney Vincent Hein of HEIN LAW OFFICE LLC and claimant

enter into the following agreement to provide representation regarding the claimant's Social Security disability application under Title II and/or Title XVI under the following terms.

A. Fees

1. The claimant will pay no fee unless Social Security issues a fully or partially favorable decision.
2. The claimant understands that Social Security must approve the fee for these services, and the claimant agrees to make their best efforts to assist the attorney in gaining approval for the fee agreed here.
3. The claimant agrees to pay the lesser of 1) 25% of the total past-due Social Security benefits, including auxiliary benefits, or 2) \$9,200.
4. The claimant requests that Social Security withhold this fee and pay it directly to the attorney.
5. The claimant and attorney intend for this agreement to comply with SSA's "fee agreement process." Please construe any ambiguity as consistent with the requirements of SSA's "fee agreement process."

B. Expenses

Claimant agrees to pay any out-of-pocket expenses from third parties incurred by Attorney while acting on Claimant's behalf regardless of whether Claimant is awarded benefits by SSA. Examples of such expenses include, but are not limited to, copying charges by third parties, fees from doctors for medical records or opinions, and shipping costs.

C. Termination of Representation

1. The claimant may terminate representation by notifying the undersigned attorney by phone conversation, letter, or email of their intent to terminate representation.
2. The undersigned attorney may terminate representation if they determine in good faith that they are unable to reach the claimant by phone, mail, or email and the inability to communicate interferes with the ability to effectively prepare the claimant's case.

Accepted and Agreed by:

Sign and Date

Attorney Signature and date:

Name/SSN:

Attorney: Vincent Hein

Additional Agreement, if necessary:

Sign and Date:

Attorney Signature:

Name/SSN

Attorney: