

ANTHONY J. PERAICA & ASSOCIATES, LTD.

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RETAINER AGREEMENT FOR REPRESENTATION OF CLAIMANT IN SSD/SSI

Regarding Social Security Claim of: _____
Type of Claim: _____ SSD _____ SSI _____ Other: _____
Social Security Number: _____
Address: _____
Telephone Number: _____

The undersigned hereby retains the Law Office of Anthony J. Peraica & Associates, Ltd., as attorneys to represent him/her/them in the processing of a claim with the Social Security Administration for Social Security Disability (SS), Supplemental Security Income (SSI) and/or other claims before the Social Security Administration. The Law Office of Anthony J. Peraica & Associates, Ltd. has informed the undersigned of the procedures involved in the undersigned's claim(s).

In lieu of an hourly fee of \$375.00, the undersigned agree(s) to compensate the Law Office of Anthony J. Peraica & Associates, Ltd., as a fee, such sum equal to **Twenty-five (25%) PERCENT** of any gross "back-pay" awarded in the undersigned's claim(s), or such compensation not to exceed \$6,000.00 or the applicable maximum amount set by the Commission of Social Security pursuant to 42 U.S.C. Sec. 406(a) – whichever is less – with respect to any single claim.

In addition to the above fee or fees, the undersigned agrees to pay all expenses incurred in the processing, settlement, or litigation of the claim(s), including but not limited to medical reports and records, expert fees, etc.

The Law Office of Anthony J. Peraica & Associates, Ltd., has no obligation to perform any services other than specifically stated above, and the undersigned agrees to prepay all costs, including but not limited to those listed above.

The undersigned acknowledges that no guarantees or promises have been made, and the Law Office of Anthony J. Peraica & Associates, Ltd.'s sole obligation is to provide the above mentioned legal services in a professional and efficient manner. **Down payments/retainers are absolutely non-refundable.**

Dated: _____, _____

Client: _____ **Anthony J. Peraica & Associates, Ltd.**

By: _____
Attorney at Law