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# Linarducci & Butler, PA

Attorneys At Law

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Creekwood Office Complex
910 W. Basin Road, Suite 100
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## FEE AGREEMENT

For Social Security Disability Insurance
and/or Supplemental Security Income

1. I agree to retain Linarducci & Butler, Attorneys at Law, to represent me for my claim for Social Security Disability Insurance and/or Supplemental Security Income.

2. This Fee Agreement applies to the Initial Application of my Claim, Reconsideration, the Hearing before an Administrative Law Judge, and/or an Appeal to Appeals Council. If this claim is appealed to District Court, a new Fee Agreement may be needed.

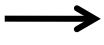
3. **FEE -** If my claim is approved, I agree that the attorney fee will be the lesser of 25% of all past-due benefits awarded to my family and me, or the dollar amount established pursuant to 42 U.S.C. § 406(a)2(2)(A), which is currently $6,000.00, but may be increased from time to time by the Commissioner of Social Security, however, I also understand that if the total past-due benefits for my family and me do not exceed $5,000.00, my attorney may seek administrative review of the amount that would otherwise be the maximum fee. If my claim is not approved, I will not be responsible for any fee.

4. **COSTS** - I agree to pay all costs incurred in my case, regardless of whether my claim is approved or denied. I will receive an itemized bill from my attorney for all costs that have been incurred. Costs include:

- bills incurred in obtaining medical reports,
- bills from doctors for writing letters or completing forms,
- postage and copying costs, and
- any other out of pocket expense incurred to prepare my claim.

Agreed to:

_____
Date



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Gary Linarducci, Esquire

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Claimant

_____
Steven L. Butler, Esquire

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Social Security Number

Revised 6/23/2009