

# ADVOCACY

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## FEE AGREEMENT

### FOR SOCIAL SECURITY DISABILITY BENEFITS REPRESENTATION

I, \_\_\_\_\_ hereby hire **Philip S. Lewis** to represent me in my claim for Social Security Disability Insurance benefits and / or Supplemental Security Income benefits.

If I do **NOT** receive Social Security benefits, I will **NOT** have to pay any hearing representative fees, but I will **have** to reimburse my Hearing Representative for any **costs** he has in representing me, such as costs for getting medical records. If I **DO** receive Social Security benefits, the Hearing Representative will be reimbursed all **costs** and will be entitled to a fee of **ONE-QUARTER (25%) OF MY BACK (RETRO-ACTIVE) BENEFITS or \$6,000.00 whichever is less, pursuant to section 206(a)(2)(A) of the Social Security Act.**

The back (retro-active) benefits out of which the Hearing Representative Fee will come include all back benefits owed to me and my family under Social Security Disability Insurance and Supplemental Security Income (SSI). I understand that Social Security Disability Insurance retroactive benefits are the total amount of money to which I (and spouse and / or children) am entitled.

I understand that for a fee to be payable, the Social Security Administration must approve any fee Philip S. Lewis charges or collects from me for services he provides in proceedings before the SSA in connection with my claim(s) for benefits.

I promise that as soon as I receive any money from Social Security I will notify **Philip S. Lewis** as soon as possible and that I will pay the representative fee out of my back benefits as soon as I receive said benefits.

This Hearing Representative Fee Agreement covers only fees for representation before the Social Security Administration. If Social Security denies my claim and I want to appeal my case to Federal Court, my Hearing Representative and I will have to make a further agreement concerning fees for that representation. I understand that no one has told me that I will win this case or that I will receive any certain amount of benefits. I agree to work with **Philip S. Lewis** and use my best efforts to win the case. I have read this entire agreement and by my signature agree to its terms.

This Date: \_\_\_\_\_

\_\_\_\_\_  
Client Signature)

\_\_\_\_\_  
Hearing Representative, Philip S. Lewis, Ph.D., J.D.