



COMMUNITY ADVOCATES
Where Meeting Basic Needs Inspires Hope

communityadvocates.net

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SOCIAL SECURITY DISABILITY/SSI REPRESENTATION FEE AGREEMENT

I employ Attorney Ann E. Laatsch and Community Advocates, Inc., to represent me in my claim for Supplemental Security Income and/or Social Security Disability benefits before the Social Security Administration (SSA). I understand that in order for my representative to receive payment, SSA must approve any fee my attorney charges or collects from me for services provided in my SSA claim. I agree that if I am awarded disability benefits, I will pay my representative a fee of the lower of 25% of my past due benefits, or \$5300. These fees will automatically be withheld from my past due benefits. In addition to this fee, I agree that if my representative has paid more than 10% of their fee towards medical records and reports, they may ask me to reimburse them for these expenses when I get my check for pastdue benefits.

- I understand that another beneficiary or I may ask SSA to reduce the fee.
- I understand that my representative or I may request review of the fee amount, in writing, within 30 days after SSA has notified us of the allowed fee.
- I understand that my representative has the right to ask SSA to increase the fee, but has informed me that the fee will not exceed what we have agreed to above, in any circumstances.
- If SSA approved the fee agreement, the person who decided my claim may ask for a reduction of the fee under the agreement if, in their opinion, my representative did not represent my interests adequately or the fee is clearly excessive for the services provided.
- If my representative represents me on more than one claim and I sign separate fee contracts for each claim, the fee provisions of each fee contract are applicable to each claim.
- If someone requests a review of the fee, SSA will generally send a copy of the request and allow the opportunity for all parties to comment and provide more information about their reason for requesting a review. SSA will then make a final decision of the fee amount and notify us in writing whether the fee increased, decreased, or did not change.

My representative and I have both received signed copies of this agreement.

CLAIMANT'S SIGNATURE

DATE

CLAIMANT'S NAME, PRINTED

ANN E. LAATSCH

DATE

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