

LAW OFFICE  
OF  
GREGG M. HOBBIE

GREGG M. HOBBIE  
MEMBER N.J. & PA. BARS



12 CHRISTOPHER WAY  
SUITE 200  
P.O. BOX 997  
EATONTOWN, N.J. 07724  
E-MAIL HOBBIELAW@AOL.COM

(732) 544-1100  
FAX (732) 544-8422  
MOBILE (732) 766-5682  
MAILING ADDRESS  
P.O. Box 997  
EATONTOWN, N.J. 07724

CLAIMANT:

RE: SOCIAL SECURITY DISABILITY ATTORNEY FEE AGREEMENT

This letter will confirm our office discussion. As I explained to you, if you wish my office to represent you on your application/appeal in this matter, our fee will be a contingent fee of 25% of any back due benefits awarded to you and your family, or \$6000 whichever is less.

If no benefits are awarded, you will not be charged a fee for our services. You also understand that any fee I may charge you is subject to approval by the proper department of government this agreement does not include any fees, which may be awarded pursuant to the Equal Access to Justice Act, or if required by a fee petition. I do not pay for medical records.

You understand also that there is no guarantee that you will be successful on your matter. It is my opinion, however, that whether you proceed with my counsel or with another lawyer, or even on your own behalf, you should proceed with your application/appeal in this matter. Please do not delay. If you delay the filing of your application/appeal, you may at some point be barred from bringing it. You understand my offer to represent you is limited to proceedings through the decision of the Administrative Law Judge (ALJ). Whether my office will make an appeal of the ALJ's decision is to be determined exclusively by my office. Further, I reserve the right to withdraw from and terminate my representation at any time it appears to me continuation of the representation is not warranted.

If the above properly sets forth our agreement, please enter date and signature below and return the signed copy of this agreement to my office. A return envelope is enclosed for your convenience. The copy of the agreement is for your records. I look forward to working with you on your application/appeal.

DATE: \_\_\_\_\_ CLAIMANT: \_\_\_\_\_

DATE: \_\_\_\_\_ REPRESENTATIVE: \_\_\_\_\_