

**CONTINGENCY FEE CONTRACT**

**SOCIAL SECURITY DISABILITY / SSI CLAIM**

IT IS HEREBY AGREED

by and between (Print Name) \_\_\_\_\_, Account Number: (SSN #) \_\_\_\_\_; hereinafter referred to as Claimant, for him/her self, the child(ren) and spouse, if applicable, and THE WEISBERG LAW GROUP, PLLC, Attorneys at Law, that the terms of legal representation in his/her claim for Supplemental Security Income (SSI) and/or Social Security Disability benefits shall be as follows:

1. If a favorable decision is issued at the Initial or Reconsideration levels, or after an initial decision by an administrative law judge not subject to further appeal, the fee will be 25% of the past due benefits payable to the Claimant and any beneficiaries entitled to benefits under Claimant's account, or \$6,000.00, whichever is less.
2. If the claimant is awarded by the Appeals Council or by a Federal Court, or following an order of remand issued by the Social Security Administration or a Federal Court, the fee shall be 25% of the total accrued payable to the claimant and any auxiliaries.
3. THE WEISBERG LAW GROUP, PLLC shall be required to file and obtain express authorization for any fee payable under paragraph 2 in accordance with the applicable Federal statutory law and Code of Federal Regulations.
4. No fee shall be paid unless the claim is successful and benefits are paid.
5. Claimant acknowledges receipt of a fully executed copy of this agreement.

WITNESS:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Claimant Signature

DATED: \_\_\_\_\_

**THE WEISBERG LAW GROUP, PLLC**



Clifford L. Weisberg, Esq.



Mark A Aiello, Esq.