



CONTINGENCY FEE AGREEMENT

I, _____, Client hereby employ STOKES FAMILY LAW, PLLC for all services in connection with a personal injury occurring on the date set forth below and for no other matter, including representation on any claim for worker's compensation against an employer, unless otherwise indicated on this agreement or by the execution of an additional fee agreement. Client is hereby notified that if this injury occurred on the job, Client may have a claim for worker's compensation and should contact an attorney to handle such claim or execute a separate agreement with this firm.

Client agrees that STOKES FAMILY LAW, PLLC is entitled to a fee for their services rendered in this matter of one third (1/3) or 33.3% of the total recovery, if settled prior to filing suit; 35% of the recovery, if settled after filing of suit or other court action but prior to final judgment, and 40% of the recovery of a final judgment in trial or after preparation for trial. STOKES FAMILY LAW, PLLC is not responsible for any appeal. Client hereby appoints STOKES FAMILY LAW, PLLC as attorney in fact to endorse, sign and negotiate any and all settlement checks. Client understands that STOKES FAMILY LAW, PLLC could be retained at its regular hourly rates. Client expressly declines to do so, believing that such terms are beyond his or her means, and chooses the terms of this agreement instead.

NO FEE WILL BE DUE IF NO RECOVERY IS OBTAINED, UNLESS CLIENT DISCHARGES Stokes Family Law, PLLC, AFTER SERVICES HAVE BEEN RENDERED, BUT PRIOR TO THE FULL CONCLUSION OF THIS MATTER. IN THE EVENT OF A RECOVERY, DISBURSEMENT WILL NOT BE MADE UNTIL TWO (2) WEEKS AFTER THE DATE THE RECOVERY CHECK IS DEPOSITED, UNLESS SAID CHECK CLEARS THE BANK SOONER.

Client agrees that all notifications under this agreement should be mailed to the following address:

Client Initials _____

Mailing Address:

Street # & Name

City/State

Zip Code

Telephone # - Home: _____ **Cell:** _____

Email: _____

Client agrees to notify Stokes Family Law, PLLC by mail, electronic mail or fax of any change in said address or telephone number.

Client agrees to pay all costs and expenses necessary for the proper completion of this matter, not to include STOKES FAMILY LAW, PLLC's normal office expenses. STOKES FAMILY LAW, PLLC, at their expense, may employ associate counsel to assist them. STOKES FAMILY LAW, PLLC may withdraw or client may discharge STOKES FAMILY LAW, PLLC at any time upon giving reasonable notice. Should Client discharge STOKES FAMILY LAW, PLLC, Client understands that STOKES FAMILY LAW, PLLC is entitled to the greater of its fee for services completed on the above contingency fee basis or a fee based upon its services rendered to the date of discharge at the following hourly rates: Attorneys= \$200-300.00/hr., Claims Adjusters= \$100.00/hr., Law Clerks/Legal Assistants/Paralegals= \$75.00-\$150.00/hr., and Client hereby grants STOKES FAMILY LAW, PLLC a lien for such fee on any claim for damages arising from the accident for which Client has retained STOKES FAMILY LAW, PLLC and authorizes and directs, Defendant, Defendant's attorney, and Defendant's insurance company (and any attorney Client may further retain) to pay such amount directly to STOKES FAMILY LAW, PLLC and to withhold such sum from any settlement, judgment or verdict as may be necessary to adequately protect STOKES FAMILY LAW, PLLC. Client shall pay interest at the rate of 10% per annum together with all costs of collection of any unpaid amounts; and, in the event suit is brought, a reasonable attorney's fee shall be added to any amounts due under this agreement.

MISREPRESENTATIONS: *Client agrees to be truthful and not make misrepresentations to the agents of the Law Firm, including, but not limited to attorneys and staff. The Law Firm must have accurate facts and information to represent you in your case. If at any point the attorney determines that the Client has been untruthful and said misrepresentation is of a material fact or would cause an ethical conflict and/or affect the*

Client Initials _____

Law Firm's representation, the Client consents that the attorney and Law Firm can immediately withdraw from the case upon notice to the Client and any outstanding balances shall be due and attorneys shall have an attorney's lien for any fees due and owing to the attorneys/Law Firm.

Date and location of Injury: _____

By signing below, I acknowledge that I have read the agreement in its entirety and understand the terms of this fee agreement. A legal guardian MUST sign for all minors.

Client I Signature: _____ **Date:** _____

Printed Name: _____

Client Date of Birth: _____ **SSN:** _____

Client II Signature: _____ **Date:** _____

Printed Name: _____

Client Date of Birth: _____ **SSN:** _____

STOKES FAMILY LAW, PLLC: _____ **Date:** _____

THANK YOU FOR CHOOSING STOKES FAMILY LAW, PLLC!

ATTORNEY LAQUITA R. STOKES

NOTE: For case updates or to contact our office please use, in order of preference, (1) your MyCase portal Messages section, (2) text messages or (3) send an email to LStokes@wedofamilylaw.com