

WORKERS' COMPENSATION FEE CONTRACT

HAROLD W. WHITEMAN, JR.  
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GA. BAR NO.: 755750

I, \_\_\_\_\_, Social Security No. \_\_\_\_\_, hereby employ HAROLD W. WHITEMAN, JR., Attorney at Law, to represent me in a claim for workers' compensation benefits under the law of Georgia based on an injury at work on \_\_\_\_\_, in \_\_\_\_\_ County, Georgia while employed by \_\_\_\_\_.

My Board Claim No is: \_\_\_\_\_.

I agree to pay my attorney(s) a contingent fee for recovery attributable to their services as follows:

**25% of any recovery attributable to his services of weekly income benefits and/or any settlement offer, accepted or otherwise, prior to termination of this contract by either party.**

**Absent compelling evidence to the contrary, this contract shall be deemed to represent the reasonable fee of the attorney.**

I understand that the fee is for professional services and does not cover out-of-pocket expenses, which I must pay regardless of the outcome. Expenses of this nature include, but are not limited to, witness fees, filing fees, and fees for copies of medical records, court reporter expenses, etc.

I understand this contract is subject to approval of the State Board of Workers' Compensation, and no fee of more than \$100.00 shall be paid under this contract unless approved by the Board.

I understand that I may terminate this agreement at any time but if so, I agree that my attorney may file a lien of 25% of any settlement offer that has been made as a fair and

reasonable attorney's fee or an hourly fee of \$300.00 per hour for the work performed on my claim, whichever is greater.

I further understand that if the Employer and/or its Insurer are ordered by the Board to pay for the services of my attorney, I will not be required to pay for the same services.

I further agree that the attorney represents me only in the above-referenced workers compensation claim and not in any other matter, whether or not related to employment with the above-named employer, unless otherwise agreed to in writing.

I specifically authorize my attorney to endorse for deposit into his trust/escrow account any checks or drafts payable to me, which have been received by him. My attorney shall be authorized to withhold from all recovered sums any unpaid medical or other expenses and any fees due to my attorney from this claim.

I further understand that my attorney is not permitted to make any cash advances or loans of any kind to me.

By signing this contract, I affirm that I have read all of the preceding paragraphs and understand each of them.

This \_\_\_\_\_ day of \_\_\_\_\_, 2015.

WITNESS \_\_\_\_\_

\_\_\_\_\_  
Client

\_\_\_\_\_

Accepted this \_\_\_ day

\_\_\_\_\_  
(Address)

of \_\_\_\_\_, 2015.

\_\_\_\_\_  
HAROLD W. WHITEMAN