

BYRON A. LASSITER & ASSOCIATES, P.C.

FEE AGREEMENT - SOCIAL SECURITY CLAIM

1. The undersigned does hereby retain **BYRON A. LASSITER** and the law firm of **BYRON A. LASSITER & ASSOCIATES, P.C.**, to represent me and my family at all levels before the Social Security Administration in my claim(s) for Disability Insurance and/or Supplemental Security Income (Title XVI) benefits under the Social Security Act.

2. It is understood and agreed that in the event that the claim is allowed and benefits are paid to either me or my family without the necessity of any proceedings in any Federal Court, the maximum Attorney's fee will be the lower of either (a.) 25% of the combined gross back benefits from the Social Security and Supplemental Security Income (SSI), or \$5,300.00, resulting from a favorable award of the Commissioner, prior to any reduction under Section 1127 (a) of the Act. It is also understood that the \$5,300.00 fee cap is subject to increase to \$6,000.00 by the Social Security Administration effective June 22, 2009, and it is agreed that if such an increase occurs while the claim is pending, then the new, higher, maximum fee amount of \$6,000.00 will apply. It is further understood and agreed that, in the event that any proceedings are initiated in the Federal Court, a separate agreement will be made.

3. It is understood that Social Security past due benefits represent the total amount of money to which I and any auxiliary beneficiary or beneficiaries become entitled through the month before the month SSA effectuates a favorable administrative determination or decision on my Social Security claim, and that SSI past-due benefits are the total amount of money from which I become eligible through the month SSA effectuates a favorable administrative determination or decision on my SSI claim.

4. The undersigned will be responsible for any and all costs and expenses incurred handling my claim, including fees to acquire records and reports relevant to the development of the case.

5. By my signature on this document, I acknowledge that I have received a copy of this Fee Agreement and that I have either read this agreement or had it read and explained to me before I signed it. I further acknowledge that I am in complete agreement with its terms.

DATED this _____ day of _____, 2009.

SSN: _____

**Byron A. Lassiter, individually and for
BYRON A. LASSITER & ASSOCIATES, P.C.**