

JOEL R. BANDER
TIMOTHY F. UMBREIT •
MARY LYN TANAWAN SANGA ■
ADRIAN YEUNG ♣♣
VINEET DUBEY
WESLEY CHANG
GINGER WILLIAMS

Of Counsel:
CATHE CARAWAY-HOWARD
PAUL HORN, CPA

- also licensed in Nevada
- also licensed in the Philippines
- ♣ also licensed in Washington State

BANDER LAW FIRM, LLP

1055 WEST 7th STREET
SUITE 1950
LOS ANGELES, CA 90017
TEL : (213) 873-4333
FAX : (213) 873-4334
E-FAX : (213) 417-4667

WWW.BANDERLAW.COM
INFO@BANDERLAW.COM

DECLARATION

I, _____, hereby declare under penalty on perjury that I was in fact driving, or a passenger, in the automobile at the time of the accident of _____, 20____ and did in fact sustain injuries as a result of the aforementioned accident.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Executed this _____ day of _____, 20____, at _____, California.

(signature)

JOEL R. BANDER
TIMOTHY F. UMBREIT •
MARY LYN TANAWAN SANGA ■
ADRIAN YEUNG ♣♣
VINEET DUBEY
WESLEY CHANG
GINGER WILLIAMS

Of Counsel:
CATHE CARAWAY-HOWARD
PAUL HORN, CPA

• also licensed in Nevada
■ also licensed in the Philippines
♣ also licensed in Washington State

BANDER LAW FIRM, LLP

1055 WEST 7th STREET
SUITE 1950
LOS ANGELES, CA 90017
TEL : (213) 873-4333
FAX : (213) 873-4334
E-FAX : (213) 417-4667

WWW.BANDERLAW.COM
INFO@BANDERLAW.COM

CONTINGENCY FEE RETAINER AGREEMENT

1. This contract is entered into between BANDER LAW FIRM, LLP, Attorney at Law (“attorney”), and _____, (“client”).

2. Client hereby retains attorney to represent client in a claim against and/or others arising from an accident/incident(s) on or about _____ at _____, California. Client empowers attorney to file any legal actions as may be advisable in attorney’s judgment.

3. As compensation for his services, attorney shall receive thirty-three and one-third percent (33 1/3%) of the gross amount of any recovery by way of settlement and an administrative fee of \$100 before suit is filed, and attorney shall receive forty percent (40%) of the gross amount and an administrative fee of \$100 if a lawsuit is filed or arbitration demanded. **IF NO MONEY IS COLLECTED OR RECEIVED IN THIS CASE, ATTORNEY AGREES TO CHARGE NO FEE FOR HIS SERVICES.** “Gross amount” means that the attorney’s fees, based on the contingency percentage shall be computed on the gross or entire amount recovered, including medical payments coverage, by attorney on behalf of client for the claim.

4. Attorney is not obligated to represent client in an appeal or second or subsequent trial. Contingent fees are not set by law but are negotiable between attorney and client.

5. Client agrees to be fully responsible for all costs and agrees to reimburse attorney for any costs advanced on client’s behalf. Costs include, but are not limited to, court filing fees, interpreter fees, investigator fees, and deposition costs.

6. Attorney is granted a lien on any recovery by way of settlement or judgment for his attorney fees and costs advanced on behalf of client. Said lien is based upon the reasonable value of attorney services of \$300.00 an hour for all services rendered.

7. Attorney is hereby granted a special power of attorney to settle or compromise any claim in client’s behalf if he deems said settlement or compromise fair and reasonable under the circumstances. He is further authorized and given special power of attorney to sign and endorse any draft or release on client’s behalf and is authorized to sign client’s name; and is instructed to hold client’s portion of the settlement in trust for client and to take his fee and pay any and all medical bills for which client has signed liens out of any settlement or judgment resulting from this incident.

8. There shall be no change or waiver of any of the provisions of this contract unless the change is in writing and signed by both client and attorney. This retainer constitutes the entire agreement between the attorney and the client.

9. Client acknowledges that attorney has made no guarantees regarding the successful termination of this action.

10. This contract is deemed executed at 1055 West 7th Street, Suite 1950, Los Angeles, California 90017.

Dated: _____

“Client”

Dated: _____

BANDER LAW FIRM, LLP
“Attorney”

JOEL R. BANDER
TIMOTHY F. UMBREIT •
MARY LYN TANAWAN SANGA ■
ADRIAN YEUNG ♣♣
VINEET DUBEY
WESLEY CHANG
GINGER WILLIAMS

BANDER LAW FIRM, LLP

1055 WEST 7th STREET
SUITE 1950
LOS ANGELES, CA 90017
TEL : (213) 873-4333
FAX : (213) 873-4334
E-FAX : (213) 417-4667

WWW.BANDERLAW.COM
INFO@BANDERLAW.COM

Of Counsel:
CATHE CARAWAY-HOWARD
PAUL HORN, CPA

- also licensed in Nevada
- also licensed in the Philippines
- ♣ also licensed in Washington State

AUTHORIZATION

I, _____, hereby authorize _____ to make available to my attorney, BANDER LAW FIRM, LLP, and/or their representative, for examination and/ or copying, all dental, health care provider, hospital, laboratory, medical, psychiatric and x-ray records concerning me. This authorization is executed to enable my attorney to claim any damages on my behalf. I have a right to receive a copy of this authorization upon demand. This authorization is valid until December 31, 2011.

I also authorize you to make available criminal, disability, employment, highway patrol, police, sheriff, social security, and all other records concerning me on the same terms as above.

A photocopy of this original authorization shall be deemed as effective and valid as the original.

Dated: _____

Signature

Printed Name

Social Security Number

Date of Birth

JOEL R. BANDER
TIMOTHY F. UMBREIT •
MARY LYN TANAWAN SANGA ■
ADRIAN YEUNG ♣♣
VINEET DUBEY
WESLEY CHANG
GINGER WILLIAMS

BANDER LAW FIRM, LLP

1055 WEST 7th STREET
SUITE 1950
LOS ANGELES, CA 90017
TEL : (213) 873-4333
FAX : (213) 873-4334
E-FAX : (213) 417-4667

WWW.BANDERLAW.COM
INFO@BANDERLAW.COM

Of Counsel:
CATHE CARAWAY-HOWARD
PAUL HORN, CPA

- also licensed in Nevada
- also licensed in the Philippines
- ♣ also licensed in Washington State

DESIGNATION OF REPRESENTATIVE

I, _____, am making a claim against
_____. I designate **BANDER LAW FIRM, LLP** to
represent me in this matter and to conclude the claim on my behalf.

This document will be valid for one year from the date of my signature.

(Signature)

(Print Name)

(Date)