



## CONTINGENCY FEE CONTRACT FOR LEGAL SERVICES

I, \_\_\_\_\_, of \_\_\_\_\_,  
South Carolina, do hereby retain Shahid Law Office, L.L.C. as my attorney to represent me in my  
claim for damages against \_\_\_\_\_, or any others as a result of the automobile  
accident which occurred on or about the \_\_\_\_\_, in \_\_\_\_\_ County.

This Agreement is subject to these following terms:

In consideration of the rendering of said services, I/we do hereby agree that the Shahid Law Office, L.L.C., shall receive 33% of whatever may be recovered from said claim in the event a settlement is obtained at any time prior to instituting suit, and 40% for services rendered from the point a lawsuit is initiated, plus reimbursement of all proper costs expended by our said attorneys, i.e., reasonable and necessary expenses such as and including deposition costs, bonds, serving of subpoenas, medical records and bills, photographs, video depositions, drawings, hiring of expert witnesses or other professionals to investigate the accident and provide other necessary information for our case, doctors expenses for depositions and court appearances.

I agree to be financially responsible for and to reimburse the attorneys representing us in this cause for any and all proper costs expended as listed. It is further agreed that the representation by Shahid Law Office, L.L.C., includes only through the stage of trial and does not include any appeal.

I further understand that I am responsible for all medical bills that have been incurred as a result of the incident giving rise to this claim accident.

I have received a copy of this Agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date