

CLAIMS AGENT-CLIENT DIRECT PAY FEE AGREEMENT

This CLAIMS AGENT-CLIENT DIRECT PAY FEE AGREEMENT (Agreement) is entered into by _____ (Client), and Carmella Nicole George, VA Accredited Claims Agent (Agent).

- 1. **CONDITIONS.** This Agreement will not take effect and Agent will have no obligation to provide representation, until Client returns a signed copy of this Agreement.
- 2. **SCOPE AND DUTIES.** Client hires Agent to provide representation in connection with all proceedings for benefits before the U.S. Department of Veterans Affairs. Agent shall take reasonable steps to keep Client informed of progress and to respond to Client’s inquiries. Client shall be truthful with Agent, cooperate and communicate with Agent, keep Agent informed of developments, abide by this Agreement, pay Agent’s bills on time, and keep Agent advised of Client’s address, telephone number and whereabouts.
- 3. **CONTINGENT FEE/DIRECT PAY FEE AGREEMENT.** Client agrees to pay a fee equal to 20 percent of the total amount of any past due benefits awarded on the basis of the client’s claim with the U.S. Department of Veterans Affairs. It is understood that this contingent fee is to be paid by the VA directly to the Agent from any past due benefits awarded on the basis of the Client’s claim. However, Client remains liable for the amount of the contingent fee of 20 percent of any past due benefits awarded on the basis of the Client’s claim until and unless the fee is paid to the Agent by the VA, and Client agrees to pay said contingent fee directly to Agent in the event the VA fails to do so.
- 4. **COSTS AND EXPENSES.** In addition to the contingent fee, Client shall reimburse Agent for all costs and expenses associated with the case. Agent will advance all costs and will be reimbursed only if a retroactive award is made. Client understands that payment of costs is in addition to the contingent fee. Client authorizes Agent to hire experts. Agent agrees to obtain Client’s consent before retaining any outside experts.
- 5. **DISCHARGE AND WITHDRAWAL.** Client may discharge Agent at any time. Agent may withdraw with Client’s consent or for good cause. Good cause includes Client’s breach of this Agreement, Client’s refusal to cooperate or communicate with Agent or to follow Agent’s advice on a material matter or any other fact or circumstance that would render Agent’s continuing representation unlawful or unethical.
- 6. **DISCLAIMER OF GUARANTEE.** Nothing in this Agreement and nothing in Agent’s statements to Client will be construed as a promise or guarantee about the outcome of Client’s matter. Agent makes no such promises or guarantees.

I certify that I have read and understand the terms of this Agreement. I agree to abide by the terms of this Agreement. I also certify that I have received a copy of this Agreement at the time my signature and date appear below. I understand that a copy of this Agreement will be filed with the appropriate officials at the U.S. Department of Veterans Affairs.

Client’s Signature

Date signed

Client’s Name

The above employment is hereby accepted on the terms as stated, subject to return of a signed copy of this Agreement/Contract.

CARMELLA N. GEORGE
VA Accredited Claims Agent
VA POA Code: GCJ
VA Accreditation Number: 44863
Date Signed: _____