

AUTHORITY TO REPRESENT

THE SALAZAR LAW FIRM, P.A.

1408 S. Andrews Avenue, Ft. Lauderdale, FL 33316

Telephone (954) 467-1965

I/WE, the undersigned client(s), retain and employ THE SALAZAR LAW FIRM, P.A., as my/our attorneys, to represent me/us in my/our claim for damages against _____ or any person, firm or corporation liable therefor, resulting from an accident/incident which occurred on the ___ day of _____, 20__.

I/we agree to pay cost of investigation and costs of suit, if necessary.

As compensation for their services, I/we agree to pay my/our said attorneys from the gross proceeds of recovery, the following fee:

<u>FEEs</u>	<u>NORMAL CASES</u>	<u>CASES WHERE DEFENDANT(S) ADMIT(S) LIABILITY</u>
Until Answer Filed Up to \$1 Million	33-1/3%	33-1/3%
After Answer Filed Up to \$1 Million	40%	33-1/3%
From \$1-\$2 Million	30%	20%
Above \$2 Million	20%	15%
Extra for Appeal	5%	5%

It is agreed and understood that this employment is upon a contingent fee basis, and if no recovery is made, I/we shall not be indebted to said attorneys in any sum whatsoever for attorney's fees.

It is understood that I/we may incur medical and hospital bills as a result of my/our injury. I/we authorize and direct my/our attorneys to deduct from any proceeds which may be recovered in my/our case, all moneys that may be due at that time to any doctor or hospital and to pay such doctor or hospital bills directly from said proceeds.

I/we further agree that my/our said attorneys are authorized to engage additional counsel in my/our behalf in this case with the understanding that no additional fees will be charged to me/us.

Dated this _____ day of _____, 20_____.

(L.S.)

(L.S.)

The above employment is accepted upon the terms stated herein.

THE SALAZAR LAW FIRM, P.A.

BY _____
Michael G. Salazar, Jr.