



Authority to Represent - Contract of Employment

We, the undersigned clients, do hereby retain and employ the firm of Joseph R. Dawson, P.A. as our attorneys to represent us in all claims arising out of an accident which occurred on the _____ day of _____ in the city of _____ county of _____, state of Florida.

The undersigned client has, before signing this contract, received and read The Statement of Client's Rights, and understands each of the rights set forth therein. The undersigned client has signed the statement and received a signed copy to keep to refer to while being represented by the undersigned attorney(s).

This contract may be canceled by written notification to the attorney at any time within three (3) business days of the date the contract was signed, as shown below, and if canceled the client shall not be obligated to pay any fees to the attorney(s) for the work performed during that time. If the attorney(s) have advanced funds to others in representation of the client, the attorney(s) are entitled to be reimbursed for such amounts as they have reasonably advanced on behalf of the client.

I hereby agree to pay the costs of investigation and, should it be necessary to institute suit, the court and trial costs. As compensation for their service, I agree to pay my said attorneys from the GROSS PROCEEDS of recovery, the following fee:

- (a) 33 1/3% of any recovery up to \$1 million through the time of filing an answer or the demand for appointment arbitrators;
- (b) 40% of any recovery up to \$1 million through the trial of the case;
- (c) 30% of any recovery between 1-2 million;
- (d) 20% of any recovery in excess of 2 million;
- (e) 20% of any recovery between 1-2 million;

If a defendant admits liability at the time of filing an answer and requests a trial only on damages:

- (i) 33 1/3% of any recovery up to \$1 million from that defendant through trial;
- (ii) 20% of any recovery from that defendant between \$1-2 million;
- (iii) 15% of any recovery from that defendant in excess of \$2 million;
- (f) 5% additional to the fee limitations set forth above of any recovery if an appeal is necessary.

I hereby authorize and direct my said attorney to deduct from any funds, gained by way of recovery or settlement of any claims, all monies that may be due at the time to any hospital or doctor for services rendered as are reflected by the records to pay such doctor and hospital directly from the proceeds of any such recovery or settlement.

Law Offices of Joseph R Dawson P.A.

110 SE 6th Street, Suite 1900
Fort Lauderdale, FL 33301
Phone (954) 467-2100
Fax (786) 610-1880
DawsonLawFirm.com

In the event my attorneys determine that my claim should not be prosecuted, they may notify me of this decision and withdraw as my attorneys for all claims and I show own them no legal fee for legal service.

It is agreed and understood that this employment is non a contingency fee basis and, if no recovery is made, I will not be indebted for my said attorneys' fees and my only obligation would be for costs already incurred. If, later than three (3) business days I should decide not to prosecute my claim I understand that I will be indebted to my attorney for a reasonable amount commensurate with the time expended pursuing my cause.

It is further agreed and understood that if my attorneys' fees are awarded, pursuant to statute after a verdict is attained, that the sum awarded will be added to the settlement or verdict. If a PIP suit is filed, then the legal fee shall be the sum awarded by the Court or agreed upon by the attorney.

DATED this _____ day of _____, 20_____.

The above employment is hereby accepted upon the terms stated herein.

Client: _____

Client: _____

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Approved by: _____

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