

**ABRAMS LANDAU, LTD.
POTENTIAL CLIENT INFORMATION SHEET**

Name: _____

Date: _____

Address: _____

Home Telephone: _____ Work Telephone: _____

Date of Injury: _____

Employer: _____

Employer's Address: _____

Date of Birth: _____ Social Security Number: _____

Marital Status: Single Married Divorced Widowed (Circle One)

Names and Ages of Spouse, Children: _____

Dependents: _____

Brief Description of Case: _____

Name, Address, Telephone Number of Witnesses: _____

**ABRAMS LANDAU, LTD.
AGREEMENT TO RETAIN**

I hereby retain and employ ABRAMS LANDAU, LTD. to represent me in my claim for Social Security Disability benefits and/or Supplemental Security Income benefits, and for any benefits due my auxiliary beneficiaries by reason of my entitlement to such benefits.

I hereby agree that if the Social Security Administration favorably decides my claim(s), I will pay my representative a fee equal to the lesser of 25% of the past due benefits resulting from my claim(s) or \$5,300.00. My representative and I understand that for a fee to be payable, the Social Security Administration must approve any fee my representative charges or collects from me for services my representative provides before the Social Security Administration in connection with my claim(s) for benefits.

It is understood that Social Security past-due benefits are the total amount of money to which I and any auxiliary beneficiaries become entitled through the month before the month Social Security Administration effectuates a favorable administrative determination or decision on my claim.

I further agree to pay ABRAMS LANDAU, LTD., any costs which they incur in the handling of my claim including, but not limited to, the costs of medical reports, medical examinations by specialists, evaluation by a vocational expert, telephone charges, photostat charges, mileage to hearings, file-opening charges, or any other costs which are necessary in my particular case. I further understand that some or all of these costs may be required in advance, and I understand that I am fully responsible for the payment of all costs whether or not I receive benefits from Social Security Administration.

I have read over and fully understand the above contract.

Dated this _____ day of _____, _____ .

By: _____
Claimant

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

By: _____
Abrams Landau, Ltd.

**ABRAMS LANDAU, LTD.
AUTHORIZED RELEASE**

TO: _____

DATE OF INJURY: _____

PATIENT: _____

I hereby request and authorize you to furnish to my attorney, Douglas K.W. Landau, Esquire, or his representatives, any and all information which they request with respect to the following:

- Hospital and/or Medical Records & Bills including medical history, consultations, prescriptions, treatment and x-rays, and any and all services rendered with regard to any claims as the result of a job related injury, motor vehicle accident, disease, condition or disability I may have.
- Wage and Employment Records
- Police Accident Report
- Attendance and Scholastic Records

A copy of this authorization is as valid as the original.

Patient's Signature

Date

Address

Social Security No.

Date of Birth

ABRAMS LANDAU, LTD.
YOUR CHECKLIST

While your case is being handled, it is very important that you do your part and that you keep our office informed. Here are some suggestions that will help.

1. **Keep all evidence that you have.** Save anything that has, or might have, something to do with your case (prescriptive items given to you by your doctor, i.e., neck or back pillows, back or knee brace, etc.).
2. **Call our office about any change of address.** If you move or change your telephone number, please contact our office to advise us of such a change.
3. **Let us know about any other changes.** You should always let us know of any changes such as going into the hospital, surgery, being sent to another doctor or if you have been released from a doctor.
4. **Watch what you say.** Everything you say can be used against you. Do not talk about your case with anyone except me or someone in my office. You will have to tell your doctors about your case, but you should not discuss it with anyone else without my permission.
5. **Keep all of your appointments with the doctor(s).** This is very important. Follow your doctor's orders and treatment. Do not stop seeing your doctor until your doctor releases you from his/her care. Failure to do this may have a bad effect on your case.
6. **Last, but not least,** do not hesitate to contact our office with any questions or concerns that you may have. If I am not available, my assistant is able to assist you or pass your questions on to me. No question is a dumb question.