

**ABRAMS LANDAU, LTD.
CLAIM & AGREEMENT TO RETAIN COUNSEL**

This represents my claim for any Workers' Compensation benefits to which I may be entitled for all injuries and disability sustained by me on while in the course of my employment with _____.

I hereby retain and employ Douglas K.W. Landau, Esquire, to represent me before the Virginia Workers' Compensation Commission or any court of competent jurisdiction, in said Workers' Compensation claim.

I agree to pay Douglas K.W. Landau, Esquire, for his services, and all fees awarded him by the Virginia Workers' Compensation Commission or court or commission of any other competent jurisdiction. I further agree to reimburse Douglas K.W. Landau, Esquire, regardless of the outcome of my claim, all expenses incurred by him in the preparation of my claim, including, but not limited to, photocopying expenses, special delivery, messengers, fees charged by health care providers for reports, examinations, health care provider's testimony, court reporters, depositions, investigators, or other such services and I understand that some or all of these expenses may be required in advance.

Claimant

Douglas K.W. Landau, Esquire

Date