IVAN J. DAIGS ATTORNEY AND COUNSELOR AT LAW

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AUTHORITY TO REPRESENT

I,	, do hereby retain and employ IVAN J.
an accident or incident wh	represent me in my claim for damages resulting from nich occurred on theday of
, at or near	·
employ any consultant or expert, in	authority to advance all costs and expenses and to attorney's opinion, necessary to investigate the claim a proper conclusion. I understand that I may be t testimonies or investigations.
proceeds of settlement or recovery a been filed, I agree to pay my said a	ervices, I agree to pay my said attorney from the a fee of 33 & 1/3% prior to filing suit. After suit has ttorney from the proceeds of settlement or recovery a d to that allowed by law if the fee is governed by any I fees.
	that this employment is upon a contingent fee basis, ot be indebted to my said attorney for any attorney's
represents me, and should he file suprepare for and prosecute the same claims, he determines that it is not	orney to fully investigate any claims for which he uit, or other legal proceedings on my behalf, to fully e. If after reasonable investigation of such claim or feasible to prosecute such claim, upon notification to com representation under this agreement.
0	that neither party shall settle any claim arising out of tained the consent thereto of the other.
CLIENT	CLIENT
DATE	DATE page 1 of 2

I agree that my attorney may pay any physician, dentist, hospital, therapist bills, or the bills of any health care provider as well as the fee of any consultant or expert from the recovery or settlement. I also agree that attorney's costs of investigation, filing suit, or any other expenses concerning my representation may be recouped from the proceeds of any settlement or recovery. I further agree that I shall not settle this claim in any manner without the written consent of my attorney.

I further agree that the Law Office of Ivan J. Daigs may employ additional attorneys to further this claim if Ivan J. Daigs determines that it is necessary.

I further agree that a \$50.00 minimum fee shall be assessed to cover postage, local and long distance telephone calls, photographs, investigations, supplies, computer time, etc. and to open case file.

I further agree to sign a separate engagement agreement if I wish to engage your firm to represent me regarding other matters.

I further agree that I am aware that my file will be held for a period of 1 year, after we close our file. At the expiration of the 1 year period, Attorney's office will destroy these files unless I notify them in writing that I wish to take possession of them.

It is further agreed that if any other attorney has been employed by me, as a result of this accident, then that attorney is released from representing me as of this date.

It is contemplated herein that reference to the first person singular gender hereinabove shall refer to all undersigned clients, parties to this agreement.

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

In case of a dispute of monies, I hereby AGREE to binding arbitration of the fee dispute in accordance with the LSBA Lawyer Dispute Resolution Rules and Louisiana Arbitration Law and AGREE that the arbitrators may, in their award following arbitration, order reimbursement of all or part of the filing fee paid by either the petitioner or respondent. I understand that the arbitration proceedings are binding and confidential pursuant to the LSBA Rules of the Lawyer Fee Dispute Resolution Program, and the right to bring or defend an action in court is waived. Clients should consult an attorney if they have questions.

they have questions.	This	day of	, 20	·	
CLIENT			IVAN J. DAIGS Attorney at Law		
CLIENT		Page 2 of 2			