

**AUTHORIZATION TO REPRESENT IN SOCIAL SECURITY CASE**

I, [NAME] , agree to hire Hugh D. Cox, 2411 B Charles Blvd., Greenville NC 27835-0154, as my attorney to represent me in obtaining my Social Security Disability Benefits.

I understand that Social Security Administration (SSA) must approve any fee my attorney charges or collects from me for legal services before SSA in connection with my claim(s) for benefits. I agree that if the SSA favorably decides any of my claim(s) pursuant to this contract, I will pay my attorney 25 percent of the past-due benefits resulting from my claim(s) up to a maximum of \$6,000.00, whether the past due benefits are Supplemental Security Income (SSI under Title XVI), Disability Insurance Benefits (DIB under Title II), Disabled Widow's Benefits, Disabled Child's Benefits, or any combination thereof.

For disability insurance benefits claims under Title II, I understand that Social Security past-due benefits are the total amount of money that I and any auxiliary beneficiaries (including my children and surviving spouse if any) become entitled through the month before the month SSA makes a favorable Title II decision on my claim.

For SSI claims under Title XVI, I understand that Supplemental Security Income past-due benefits are the total amount of money for which I become eligible through the month SSA makes a favorable SSI decision on my claim.

For combination SSI under Title XVI and insured benefits under Title II claims, I understand that Social Security past-due benefits are the total amount of money to which I and any auxiliary beneficiaries (including my children and surviving spouse if any) become entitled through the month before the month SSA makes a favorable decision on my Social Security claim; and that Supplemental Security Income past-due benefits are the total amount of money for which I become eligible through the month SSA makes a favorable decision on my SSI claim. I further understand that attorney fees for both claims are 25 percent of the past-due benefits resulting from my claim(s) up to a maximum of \$6,000.

I further agree to deposit one fourth (1/4) of any SSI Benefits I receive from SSA into my attorney's trust account until such time as attorney's fees are approved by SSA.

I understand that separate and apart from attorney's fees, I am to pay the actual costs of litigating my Social Security Disability claim, whether successful or not. My attorney will attempt to seek my advance approval for such expenses that exceed \$50.00 per incident of cost. My attorney will notify me of any incident of cost exceeding \$50.00 if he has advanced notice. I will advance all costs to be paid by my attorney directly related to this Social Security claim to include the cost of medical records, physician and expert fees, telephone calls, copying costs, labor costs for reproduction of my file (not to exceed \$50.00), travel expenses at \$.35 per mile and other such actual expenses. I further agree to sign any and all necessary forms in order for my attorney to obtain medical information on this case. I agree to go to each of these medical facilities to request these medical records prior to my attorney writing for them. I agree to cooperate with my attorney by meeting with him when requested and to attend hearings or examinations when scheduled.

I understand and agree to what is written above.

\_\_\_\_\_  
Claimant  
I agree to act as attorney on the above stated basis.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Hugh D. Cox

\_\_\_\_\_  
Date