

FEE AGREEMENT

I, _____, hire JOHNSON LAW OFFICES and Douglas Johnson as my attorney in my Worker's Compensation case which arises as a result of my noise induced injury resulting in loss of hearing.

I agree that my attorney should be paid twenty percent (20%) of any amount he is able to recover for me including payment for hearing aid expenses otherwise uninsured but for worker's compensation. This amount should be paid directly to my attorney out of the proceeds of the award.

I further agree to reimburse my attorney for the reasonable and necessary expenses, including medical expenses he incurs for securing medical records and reports in handling my Worker's Compensation claim such as those paid to get reports and records from my health care providers with that reimbursement to be paid out of the proceeds of the award.

I understand that I am not obligated to pay these costs or fees unless I receive an award.

Dated _____ Signature _____