

ADSC FEE AGREEMENT

- Agape Disabilities Services and Consulting, Inc. (ADSC) and I (Claimant) agree that ADSC shall represent me in my claim before the Social Security Administration (SSA).
- SSA must approve any fee my representative collects or charges from me for any services that are provided in proceeding before SSA in processing my claim(s) for benefits.
- We agree that if SSA favorably decides the claim through the initial hearing level, I agree to pay my representative fee equal to the lesser of 25 percent of my past due benefits or the amount approved by the Commissioner, which is currently \$6000 as established pursuant to Section 206(a)(2)(A).
- I understand that expenses may be incurred on my behalf that this fee agreement does not address. Therefore, there will be a one-time upfront non- refundable administrative of \$199.00.
- If ADSC decide after reviewing the case, they do not want to represent me they have the right to withdraw as my representative. However, I will be liable for all fees associated with processing my claim up to point of withdrawal. IF I decided I no longer want ADSC to represent me I am still liable for all fees up to the point of withdrawal.
- I understand that SSA makes final decisions as it relates to my claim.
- I have read the above, understand its content, approved of it, and acknowledge the receipt of a copy.

Client Name: \_\_\_\_\_

Representative- Debra Raspberry,  
Kathy Sutton, Cassandra Bogan

Client Signature: \_\_\_\_\_

Representative Signature

SSN: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Signed \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Signed \_\_\_\_/\_\_\_\_/\_\_\_\_

Please Sign, Date Fax to 252-643-5010 or E-Mail to  
agapedisabilities@yahoo.com