ATTORNEY FEE AGREEMENT

FEDERAL RAILROAD SAFETY ACT

l,	of		, hereb	y retain
the law firm of	of		, hereb ("the Law F	irm") to
represent me in	regard to any claim I ma	y have for violation	ons of the Federal I	Railroad
•	(FRSA) in connection	•	employment wit	
Š	,	•	or about the	
	_			
I agree	to fully cooperate with	my attorneys, i	ncludina providina	current
	regard to home and wo	•	•	
	dition, I agree to promptly			
	retrial conferences, and			
	requested by my attorneys.		inormation and	***********
	equeeted by my atterneyer			
I understa	and that no settlement of th	ne claim shall be n	nade without my kno	owledge
	nd I agree that no settlen			•
	consent of the Law Firm.			
3				
I agree t	hat upon a settlement or	court award the	Law Firm will rec	eive as
	for its services either (1)			
=	I amount recovered, whic		•	` '
	ints paid on my FRSA cla	•		
	nedies, such as back pay,			
and interest.	realize, such de such pay,	oomponediory de	magoo, parmiro da	iiiagoo,
Attornev	time spent on this matter	will be billed as	follows: the hourly	rate for
Attorney	time	is \$: the	hourly rate for A	Attornev
	is \$: and the ho	ourly rate for A	Attornev
	time time is \$,	,	
I understa	and that, under the FRSA,	a court or other tr	ibunal mav award s	tatutorv
	as well as other remedies,			

In the event of a settlement or award by which the defendant is obligated to pay some portion of the attorneys' fees, the Law Firm will be entitled to receive the full amount of its one-third contingency fee from the recovery in accordance with the foregoing. It is understood and agreed that the portion of the fee, if any, paid by the defendant and received by the Law Firm, will be credited against any fee I may owe the Law Firm from the recovery.

for the award or recovery of such fees and other remedies.

I agree to reimburse the Law Firm for any expenses or disbursements made on my behalf. Such expenses may include, but are not limited to, court fees, investigation expenses, marshal's fees, depositions, expert fees for reports and testimony, and medical and hospital reports and records. If the fee is in the form of a one-third contingency fee, the fee will be calculated on the basis of the total amount recovered after deducting the amount to be reimbursed for expenses or disbursements. I will not, however, be responsible for reimbursement of any expenses or disbursements that the defendant is obligated to pay.

If there is no amount recovered, I will not be responsible for payment of any attorneys' fees, costs, or expenses.

This agreement does not encompass the handling of an appeal on my behalf of any Judgment rendered in my case. I understand that if the Law Firm agrees to represent me in any appeal, it will require a new agreement separate from this agreement.

I authorize the Law Firm to pay from my share of any recovery any unpaid liens of which they have notice. I understand that I am responsible for paying any Railroad Retirement Board (RRB) liens, any supplemental disability benefit liens, and any Medicare liens from my share of any recovery by settlement or award.

I understand that I have the right to discharge the Law Firm at any time. I agree, however, that in the event that I receive a recovery on the claim after I have discharged the Law Firm, the Law Firm will be entitled to compensation for the reasonable value of its services performed up to the date of discharge. I also agree that I will direct any law firm I subsequently retain to honor the attorneys' fee lien of the Law Firm.

I also agree to execute all papers necessary for any settlement of the claim and authorize the Law Firm to endorse my name to any settlement checks, deposit same in the Law Firm's escrow account, and disburse the proceeds of the settlement in a manner consistent with the terms of this retainer agreement.

I have read the foregoing and have had the opportunity to ask questions about it. I understand the terms of this agreement and agree to abide thereby.

Attorney:	Client:		
Date:			