ILLINOIS WORKERS' COMPENSATION COMMISSION ATTORNEY REPRESENTATION AGREEMENT

	Case # WC
Employee/Petitioner	
v.	
Employer/Respondent	_
I,	, "client," retain,
	or benefits under the Illinois Workers' Compensation Act or
Occupational Diseases Act against	, "employer," for injuries arising
out of and in the course of employment of	on
If the client has received a written offer from the employer permanent disability caused by these injuries, the client has that agreement, signed by both of them.	or its agent to pay a specific amount of compensation for any given the attorney a copy. The client and attorney each have a copy o
In return for representation before the Commission, the clie	ent agrees to pay the attorney a sum of money equal to:
amount received for compensation for permanent disa the compensation received for permanent disability do permanent disability; or	ritten offer, if any, or % (not to exceed 20%) of the total ability caused by the accident, whichever is less; provided, however, if oes not exceed the written offer, the attorney shall receive no fee for
does not receive more than that specified by law, and amputation of one or more fingers, toes, or body parts	loes not dispute its liability, the proper amount is paid timely, the clien the accident resulted in any of the following: death of the employee; s; removal of a testicle; enucleation or 100% loss of vision in an eye; e process, or facial bones; fracture of a skull; removal of a kidney,
B. ${\text{timely manner or in the proper amount; and}}$ % (not to exceed 20%) of any compensation	for temporary total disability that the employer refused to pay in a
C % (not to exceed 20%) of all disputed medical	al bills; and
D. In addition to the above, all costs and expenses of adv	vocating the above claims.
No settlement shall be made without the consent of the client	nt. There will be no charge unless recovery is made.
	client will pay the attorney a reasonable fee, as determined by the trecovery (not to exceed the amounts listed in A-C above) plus any ate the agreement ended.
This agreement is governed by the Illinois Workers' Competattorneys' fees in death, permanent total disability, and permanent	ensation Act, Section 16a, particularly in regard to the limitation of nanent partial disability cases.
The attorney states that he or she has explained each provis read and understands this agreement, and has received a co	sion of this agreement to the client. The client states that he or she has ppy of this agreement on
Signature of client	Signature of attorney
Name of client (please print)	Name of attorney and IC code number (please print)
Street address	Name of law firm
City State Zip code	Firm's address

IC10 4/22 Web site: www.iwcc.il.gov