

**DIVISION OF WORKERS' COMPENSATION  
REPRESENTATION AGREEMENT**

(injured worker) \_\_\_\_\_ of (address) \_\_\_\_\_  
\_\_\_\_\_ retain Joan M. Durkin, attorney(s) and the law firm of Durkin Law Offices, P.C. (and other attorney's they associate in this matter) to represent the injured worker's interests and to serve as power of attorney in the following workers' compensation case(s):

DWC# \_\_\_\_\_ Carrier \_\_\_\_\_

Employer \_\_\_\_\_ Adjuster \_\_\_\_\_

Date of Injury \_\_\_\_\_ Claim # \_\_\_\_\_

This agreement is limited to cases before the DWC and will not include appeals to district court! Pursuant to Commission Rule 152, the parties agree that attorney will be compensated at the rate of \$150.00 per hour for all time approved by the DWC and that such fees, along with approved expenses will be paid to attorney by deduction (not to exceed 25%) from income benefits paid to injured worker for this claim. Approved fees will be sent to the client by the DWC only. An Attorney fee for representing an injured employee becomes a lien against any unpaid income benefits, once the Division approves the fees. Fees will be charged for all communication to or by the staff of Durkin Law Offices, P.C. working on my file is part of the services I am responsible for.

Lawfirm is entitled to reimbursement for out of pocket expenses in addition to attorney fees. In accordance with TWCC Rule 152.5 Client is responsible for all expenses necessary for handling the case. Attorneys are regulated by the State Bar of Texas and if you have a complaint, the State Bar's Office of Chief Disciplinary Counsel at 800-932-1900 will provide you with information about how to file a complaint if you believe one is necessary.

**I further understand and agree that the attorney has not accepted representation until they sign below following preliminary investigation of the claim.** Also, after full investigation of the facts and research of the law, or at any time thereafter, the attorney may return the claim to me and release themselves from further action on the claim and be discharged from this contract without further liability on the part of the attorney to me. I acknowledge that the Attorney has advised me only in regards to my DWC claim. I further acknowledge that I hold the Attorney harmless from any liability associated with the referral to health care providers. I grant the attorneys at Durkin Law Offices, P.C. power of attorney to sign documents regarding this claim on my behalf.

The injured worker agrees to keep attorney apprised of his/her residence address and phone number at all times and to cooperate fully in the preparation of this case and failure to do so, may result in withdrawal by the attorney.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature \_\_\_\_\_

\_\_\_\_\_ Translator

Representation accepted this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
Durkin Law Offices, P.C.

By: \_\_\_\_\_  
Joan Durkin, President