

**STROM & ASSOCIATES, LTD.**  
**Attorneys At Law**  
**180 N. LaSalle Street, Suite 2510**  
**Chicago, IL 60601**  
**Phone (312) 609-0400**  
**Fax (312) 609-0578**

ATTORNEY - CLIENT AGREEMENT

DATE: \_\_\_\_\_

I, (We) hereby retain and employ **STROM & ASSOCIATES, LTD.**, attorneys, to prosecute and/or settle all suits and claims for damages against \_\_\_\_\_ on account of personal injuries that I (we) sustained, arising out of an accident which occurred at or near \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_. I (we) agree to pay **STROM & ASSOCIATES, LTD.**, attorneys, a fee for their services based upon the following schedule.

NO RECOVERY

a. No charge for any services incurred in the processing of said claim unless recovery is obtained.

RECOVERY

- a. A sum equal to 33 - 1/3% of the gross amount recovered from said claim by settlement prior to the filing of a lawsuit, arbitration, mediation, trial or otherwise.
- b. A sum equal to 40% of the gross amount recovered from said claim by the filing of a lawsuit and completion of discovery and/or the filing of demand for arbitration.
- c. It is further agreed by the parties that, in order that my (our) claim be prosecuted effectively and with the utmost efficiency, convenience, and dispatch, that **STROM & ASSOCIATES, LTD.**, is authorized on my behalf, to make all determinations relative to the investigation, filing and preparation of the lawsuit for trial. In addition to the above attorney's fees, it is also agreed that all court costs, subpoena costs, witness fees, photos, depositions, transcripts, court reporter costs, reports, investigation charges, records, witness statements, and any other expenses incurred in the investigation or litigation of this claim on my (our) behalf shall be paid by the undersigned. It is further agreed that I (we) give the said attorneys full power and authority to do and perform all and every act and thing whatsoever including executing drafts and releases requisite and necessary to be done in and about the claim as fully, to all intents and purposes, as might or could do if personally present at the doing thereof.
- d. I (we) further authorize **STROM & ASSOCIATES, LTD.**, at their discretion and on my behalf, to retain other attorneys to assist them in the prosecution of my claim. However, I shall not be obligated to pay any fee to such other attorneys retained by **STROM & ASSOCIATES, LTD.**, except that I (we) consent and authorize a division of fees as described above with such other attorney as may be retained based upon the division of responsibility and services rendered.

It is further agreed that the claimant, within ten days after this accident, may void this agreement by notifying **STROM & ASSOCIATES, LTD.**, in writing at the above listed address, by Registered or Certified Mail, Return Receipt Requested. The claimant further acknowledges that they have received a copy of this agreement and a copy of "The Act" which is attached hereto and made a part hereof.

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

(x) \_\_\_\_\_

(x) \_\_\_\_\_

APPROVED: \_\_\_\_\_, Attorney

STATE OF ILLINOIS )  
) SS.  
COUNTY OF COOK )

AFFIDAVIT

\_\_\_\_\_, on oath, states as follows:

1. That he (she) desires to employ, retain, and seek the professional services of **STROM & ASSOCIATES, LTD.**, licensed attorneys at law, in the State of Illinois, for the above case in which the Affiant sustained personal injuries and other damages.
2. That said attorney(s) has/have not directly or indirectly solicited my business or their employment, and further, no solicitation of myself by anyone has resulted in my employing said attorney(s) (or his/their firm).
3. That said attorney(s) has/have not paid, nor promised to pay the medical, living or other expenses of any party, and no one other than said attorney(s) has/have made any such payment on his/their behalf or on behalf of his/their firm to myself.
4. No part of the fees paid to said attorney(s) or any portion of recovery by suit or settlement has been paid or promised to be paid to any person whatever, other than myself and the attorney(s) herein.
5. That said attorney(s) has/have made no guarantee or promises in regard to the outcome of my case other than he/they will endeavor to represent me to the best of his/their ability and knowledge.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
AFFIANT