

CLIENT AFFIDAVIT

STATE OF LOUISIANA

PARISH OF _____

I, _____, declare:

1. That I have been fully apprized of my rights pertaining to my workers' compensation case and have been given the opportunity to fully ask questions;
2. That I understand that the Workers' Compensation Act **does not provide for pain and suffering**
3. That I have received the Question and Answers sheet further explaining my rights;
4. That I understand and agree that I am only being represented by Workers' Compensation Legal Clinic of Louisiana for my workers' compensation case **only** and that the Workers' Compensation Legal Clinic of Louisiana **does not** represent me for any other claim, including but not limited to claims for third party personal injury, intentional injury by employer, wrongful/retaliatory discharge, discrimination/harassment, social security benefits, short/long term disability insurance, medical malpractice, bankruptcy, and/or etc...
5. That I have been advised and I understand that if I want to pursue any other claim, other than this workers' compensation claim, I need to consult with another attorney regarding the applicable prescription period (time to file) and merits of any such claim;
6. That as per Louisiana Statute 23:1441 et seq. and my contract with the Workers' Compensation Legal Clinic of Louisiana, attorneys' fees will be deducted from any and all compensation initiated by this law office at a rate of TWENTY (20%) PERCENT of the initial 20,000.00 and TEN (10%) PERCENT of the balance of any monies and medicals collected, inclusive of any weekly compensation initiated by this law office and exclusive of any attorney's fees awarded by a court, depending on the amount of said award and in accordance with law.

CLIENT

DATE

ATTORNEY