



NOTICE OF RETAINER
(PLEASE READ CAREFULLY)

OWCP CASE #	SS#	Date of Accident, Illness or Injury	Part or Parts of Body Injured
Name		Address	
Claimant			
Employer			
Carrier			
Attorney or Representative			

A.

1. I have retained the above-named to represent and appear for me in all proceedings concerning my claim under the Longshore and Harbor Workers' Compensation Act, as amended and extended. I authorized the named person/ persons to review the Office of Workers' Compensation Programs file on this injury and to receive copies from it.
2. I fully understand that my representative or attorney is in no way connected with the Office of Workers' Compensation Programs.
3. I fully understand that no one other than the herein named person/persons is authorized to represent me at a conference (informal hearing) held at the Office of Workers' Compensation Programs without my written consent.
4. I fully understand that I may be responsible for paying the fee approved in favor of my attorney or representative and that such fee may be deducted from my Compensation.
5. I fully understand that I am not to pay any money out of this case to any one unless it is approved by the Deputy Commissioner or his designees.
6. I fully understand that my attorney or representative will furnish me with a copy of this retainer and written notice application prior to submission of either to the Office of Workers' Compensation Programs.

I HAVE READ BOTH SIDES OF THIS FORM

 (Date)

 (Signature of Claimant)

I agree to represent the above-named claimant in compliance with the Longshore and Harbor Workers' Compensation Act, as amended and extended, and the Regulations promulgated thereunder, and hereby notice my appearance in this case. All notices, decisions, and other pertinent documents are to be sent to the undersigned. It is fully understood that the only fees to be paid in this case are those fixed by the Deputy Commissioner or his designees. It is further fully understood that I shall furnish a copy of this retainer and my written fee application to my client before submission to the Office of Workers' Compensation Programs.

I HAVE READ BOTH SIDES OF THIS FORM

(Date)

(Signature of Attorney or Representative)

IMPORTANT NOTICE

B.

1. All retainers are to be submitted in duplicate to the Office of the Deputy Commissioner.
2. The exact part or parts of the body injured should be specified.
3. Any person who receives any fees, other consideration, or any gratuity on account of services rendered as a representative of a claimant, unless such consideration or gratuity is approved by the Deputy Commissioner, Board, or court, or who makes it a business to solicit employment for a lawyer or for himself in respect of any claim or award for compensation, shall upon conviction thereof, for each offense be punished by a fine not more than \$1,000 or by imprisonment not more than one year, or by both such fine and imprisonment. (Section 28(e) (33 USC 928(e))
4. Any person who willfully makes any false or misleading statement or representation for the purpose of obtaining any benefit or payment under this Act shall be guilty of a felony and on conviction thereof shall be punished by a fine not to exceed \$10,000 or by imprisonment not to exceed five years, or by both such fine and imprisonment. (Section 31) (33 USC 931)
5. Office of Workers' Compensation Programs shall, upon request, provide those making claim under the Longshoremen's and Harbor Workers' Compensation Act with information and assistance relating to the Act's coverage and compensation and the procedures for obtaining such compensation including assistance in processing claim. Office of Workers' Compensation Programs shall also provide employees receiving compensation information on medical, manpower and vocational rehabilitation services and assist such employees in obtaining the best such services available. (Section 39(c)(1)) (33 USC 939(c)(1))