



**Regena B. Priester \*\*\*Accredited VA Claims Agent\*\*\***

**FEE  
AGREEMENT**

**This contract and agreement for Veterans benefits and representation before the Department of Veterans Affairs is entered into between REGENA B. PRIESTER, VETERANS ACCREDITED CLAIMS AGENT, P.O. Box 24527, Columbia, SC 29224, hereinafter referred to as "Agent" and,**

**\_\_\_\_\_, VA Claim No. SSN: \_\_\_\_\_  
hereafter referred to as "Client".**

**Client and Agent agree as follows:**

**1. Services to be Provided:**

The Client retains the Agent to represent the Client before the Department of Veterans Affairs (DVA or BVA) Regional Office, as stated on VA Form 21-22A, for the award of veterans benefits on the issues stated or inferred by the Client's initial claim for benefits, claim for an increased evaluation, or by re-opening a previously adverse decision based on new and material evidence.

Upon receipt of an adverse decision from the Department of Veterans Affairs in which the Client wishes to file a Notice of Disagreement with, this fee becomes void and the client and agent shall enter into a new fee agreement.

**2. Contingency Fee Agreement:**

We agree that, if the DVA or BVA favorably decides the claim(s), I will pay my Agent 20% of my past-due benefits resulting from my claim(s). Client directs that the DVA withhold 20% of past-due benefits payable to the client for Agent fees, however, the Client acknowledges that the Client is personally responsible for payment of the 20% of past-due benefits to the Agent in the event DVA or any of its agencies or agents fail to pay such fees directly to the Agent. VA is to pay the Agent/Attorney directly out of awarded past-due benefits. VA is to pay the agent/attorney directly out of the awarded past-due benefits.

**3. Costs and Expenses:**

In addition, to the fees discussed above, the Client agrees, regardless of recovery or no recovery, that the Client is responsible for and will pay for all out-of-pocket expenses incurred by the Agent in connection with this Agreement. The Client agrees that these out-of-pocket expenses may include, but are not limited to, medical records, military records, photocopying at .20 (twenty cents) per copy, postage, and all delivery

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

services, retaining of medical and vocational experts, and other reasonable expenses deemed necessary by the Agent related to the Client's claim. There will be an initial deposit (advanced fee) in the amount of **\$450** due on the date of signing this fee agreement. The initial deposit will be held by the Agent and a receipt of payment(s) will be issued to the Client. The Client authorizes the Agent to use the advance fees to pay for necessary expenses as they are incurred.

#### **4. Client's Discharge of Agent:**

The Client may discharge the Agent upon written notice to the Agent at any time. Upon discharge of representation under this section, the Client shall be liable for payment of the Agent's cost and expenses outlined in section 3 of this agreement up to the point in time of discharge. Upon the Client's discharge of the Agent's representation, the Agent will forward all property, documents, and reimbursement of any remaining advanced fees paid with a closing "Statement of Account" to the Client's address of record via certified mail with return receipt signature. The cost of postage for forwarding all property and documents to the Client will be charged against the advanced fee.

#### **5. Agent's Discharge of Client:**

The Agent may discharge the representation of the Client only if such discharge would not adversely impact the Client's interest. However, the Agent may withdraw his/her representation of the Client if the Client persists in a course of action that the Agent reasonably believes is fraudulent or criminal and is furthered through the representation of the Agent, or fails to uphold an obligation to the Agent regarding services of Agent outlined in this agreement.

The Client agrees not to initiate any direct contact with the Veterans Benefits Administration (VBA). Any correspondences (to include telephone conversations and email/IRIS inquiries), evidence, or any other communication with VBA will go exclusively through the Agent. Non-compliance with this paragraph is grounds for immediate revocation by the Agent.

#### **6. No Promises or Guarantees About Outcome:**

The Client has read and understands this contract and agrees that the Agent has made no promises or guarantees regarding the outcome of this matter.

#### **7. Complete Integration, Binding Upon All Parties:**

This Agreement contains the entire agreement between the Client and the Agent regarding this matter and the payment of fees and expenses. This Agreement shall not be modified except by a written agreement signed by the Client and the Agent. This Agreement shall be binding upon the Client and the Agent and their respective heirs, executors, legal representatives, and successors.

#### **8. Interpretation of Agreement:**

The Client and the Agent understand that the VA Regional Office, Department of Veterans Affairs General Counsel, or Board of Veterans' Appeals is vested with the authority to determine the reasonableness of this

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Agreement.

**9. Commencement of Representation:**

Actual work on behalf of the Client by the Agent under this Agreement will not commence until the Agent receives a copy of this Agreement signed by the Client. The effective date of this Agreement to represent shall be the date on which the Agent signs this Agreement. Agent and Client agree that this Contract will be filed with the DVA, BVA, and CAVC as appropriate. An original contract will be forwarded to the Client by the Agent.

**10. Mutual Agreement:**

We agree that the above Agreement and contract represents our complete mutual Agreement.

---

Client/Veteran Full Name (Signature) Date

---

Disinterested Third-Party Relationship/Date

---

Regena B. Priester / Agent Date

**Telephone:** (803)445-6448 | **Fax:** 1(866)467-6448 | **Email:** [regenapriester@outlook.com](mailto:regenapriester@outlook.com)

\*\*\*Accredited VA Claims Agent\*\*\*

Pursuant 38 C.F.R. § 14.629

U.S. Dept. of Veterans Affairs claims assistance  
for veterans nationwide