

Corwin & Ashby, P.A.

1200 W. Palisade Harbor Blvd, Suite 610
Tampa, Florida 33606
Telephone (813) 555-0188 · Facsimile (813) 555-0189

CONTINGENCY FEE AGREEMENT

This agreement is made on 03/05/2026 between Dana M. Linacre ("Client") and Corwin & Ashby, P.A. ("Attorneys"). Client retains Attorneys to represent Client in all claims for damages arising from the motor vehicle collision of 03/03/2026 at Calloway Ridge Blvd at Mariner Point Dr, Merriwick, Hillsborough County, Florida, against Marcus J. Heddlestone and any other person or entity who may be liable.

1. Fee. Client agrees to pay Attorneys a fee contingent on recovery, computed on the gross recovery as follows:

- (a) Before the filing of an answer or the demand for appointment of arbitrators, or, if no answer is filed or no demand for appointment of arbitrators is made, the expiration of the time period provided for such action: 33 1/3% of any recovery up to \$1 million; plus 30% of any portion of the recovery between \$1 million and \$2 million; plus 20% of any portion of the recovery exceeding \$2 million.
- (b) After the filing of an answer or the demand for appointment of arbitrators, through the entry of judgment: 40% of any recovery up to \$1 million; plus 30% of any portion of the recovery between \$1 million and \$2 million; plus 20% of any portion of the recovery exceeding \$2 million.
- (c) If all defendants admit liability at the time of filing their answers and request a trial only on damages: 33 1/3% of any recovery up to \$1 million; plus 20% of any portion of the recovery between \$1 million and \$2 million; plus 15% of any portion of the recovery exceeding \$2 million.
- (d) An additional 5% of any recovery after institution of any appellate proceeding or post-judgment relief.

2. Costs. Attorneys may advance costs of investigation and litigation, including filing fees, records charges, expert fees and deposition costs. Costs advanced are repaid from Client's share of any recovery, after the fee is computed. If there is no recovery, Client owes no fee and no costs.

3. Medical bills and liens. Client understands that medical providers, health plans, PIP carriers and government programs may claim reimbursement from any recovery. Attorneys are authorized to negotiate those claims and to pay them from Client's share before disbursing the balance to Client. Client authorizes Attorneys to issue letters of protection to treating providers where Client has no other means to pay for necessary care, and Client understands that a provider treating under a letter of protection expects to be paid from the recovery.
4. Settlement. Attorneys will not settle any claim without Client's consent. Client will not settle any claim without Attorneys' participation. Client agrees to keep all medical appointments recommended by treating providers and to tell Attorneys promptly of any missed appointment, any change in address or telephone, and any new injury or claim.
5. Honest disclosure. Client agrees to tell Attorneys about every prior injury, accident, claim or medical treatment to the same parts of the body. Client understands that the other side will obtain prior records and that an undisclosed prior condition can seriously damage the claim.
6. No guarantee. Attorneys have made no promise or guarantee about the outcome of this matter.
7. Withdrawal. Attorneys may withdraw if Client fails to cooperate, or if Attorneys determine the claim lacks merit, subject to the Rules Regulating The Florida Bar. Client may discharge Attorneys at any time.
8. Statement of Client's Rights. Client acknowledges receiving and reading the Statement of Client's Rights for Contingency Fees before signing this agreement, and that Client may cancel this agreement without any obligation by giving written notice within 3 business days of signing.

Dana M. Linacre

Dana M. Linacre, Client

Date 03/05/2026

Theodora Ashby-Kent

Theodora Ashby-Kent, Esq., for Corwin & Ashby, P.A. Fla. Bar No. 0871204

STATEMENT OF CLIENT'S RIGHTS FOR CONTINGENCY FEES

Before you, the prospective client, arrange a contingency fee agreement with a lawyer, you should understand this statement of your rights as a client. This statement is not a part of the actual contract between you and your lawyer, but, as a prospective client, you should be aware of these rights:

1. There is no legal requirement that a lawyer charge a client a set fee or a percentage of money recovered in a case. You, the client, have the right to talk with your lawyer about the proposed fee and to bargain about the rate or percentage as in any other contract.
2. Any contract between you and your lawyer must be in writing. You have the right to have a copy of it.
3. Before signing a contingency fee contract with you, a lawyer must advise you whether the lawyer intends to handle your case alone or whether other lawyers will be helping with the case.
4. If you do not wish to employ the lawyer after signing the contract, you may cancel the contract, without any reason, if you notify your lawyer in writing within 3 business days of signing.
5. The contract must state the amount, or the method of computing the amount, of the fee charged, and the amount of any costs to be repaid.
6. You have the right to be told by your lawyer about possible adverse consequences if you lose the case.
7. You have the right to receive a written closing statement at the end of the case, which lists all the financial details of how the whole sum is divided.
8. You have the right to make the final decision regarding settlement of a case. Your lawyer must notify you of all offers of settlement before and after the trial.
9. If at any time you, the client, believe that your lawyer has charged an excessive or illegal fee, you have the right to report the matter to The Florida Bar.

Dana M. Linacre

Client acknowledgment 03/05/2026

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

Pursuant to 45 CFR 164.508

Patient name Dana M. Linacre	Date of birth 06/14/1987	Last 4 SSN XXX-XX-4419
Address 2716 W. Corrigan Hollow Ln, Tampa, FL 33611		
Release FROM (provider) ANY AND ALL TREATING PROVIDERS (blanket - attach provider list)		
Release TO Corwin & Ashby, P.A., 1200 W. Palisade Harbor Blvd, Suite 610, Tampa, Florida 33606 Fax (813) 555-0189		

Information to be released:

- ☒ Complete medical record, including office notes, imaging reports, test results
- ☒ Itemized billing statements with CPT and ICD-10 codes; ledgers and payment history
- ☐ Records from 5 years before the date of loss to present
- ☒ Records from the date of loss to present only
- ☐ Psychotherapy notes (separate authorization required)
- ☐ HIV/AIDS, substance use disorder (42 CFR Part 2), genetic testing results

Purpose: legal representation / personal injury claim

I understand that I may revoke this authorization in writing at any time, except to the extent action has been taken in reliance on it. I understand that information disclosed under this authorization may be redisclosed by the recipient and may no longer be protected by federal privacy rules. Treatment, payment, enrollment or eligibility for benefits may not be conditioned on my signing this authorization. This authorization expires 3 years from the date signed. A photocopy or facsimile of this authorization is as valid as the original.

Dana M. Linacre

Signature of patient

Date 03/05/2026

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

Pursuant to 45 CFR 164.508

Patient name	Date of birth	Last 4 SSN
Dana M. Linacre	06/14/1987	XXX-XX-4419
Address		
2716 W. Corrigan Hollow Ln, Tampa, FL 33611		
Release FROM (provider)		
ANY AND ALL PROVIDERS, PRIOR TREATMENT (5-year lookback)		
Release TO		
Corwin & Ashby, P.A., 1200 W. Palisade Harbor Blvd, Suite 610, Tampa, Florida 33606 Fax (813) 555-0189		

Information to be released:

- ☒ Complete medical record, including office notes, imaging reports, test results
- ☒ Itemized billing statements with CPT and ICD-10 codes, ledgers and payment history
- ☒ Records from 5 years before the date of loss to present
- ☐ Records from the date of loss to present only
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Dana M. Linacre

Signature of patient Date 03/05/2026

DocuSign Certificate of Completion

Field	Value	
Envelope ID	7F3A0C21-55B9-4E1D-9A62-0C41D8E6B7A0	
Subject	Please sign: Corwin & Ashby engagement - Dana M. Linacre	
Documents	Contingency Fee Agreement; Statement of Client's Rights; HIPAA-1; HIPAA-2	
Envelope originator	Marisol Quenneville	
Status	Completed	
Sent	03/05/2026 10:14:07 AM ET	
Viewed	03/05/2026 10:31:52 AM ET	
Signed	03/05/2026 10:38:20 AM ET	
Signer IP	203.0.113.47	
Signature adoption	Pre-selected style, using IP address	
Completed	03/05/2026 10:38:21 AM ET	

Electronic Record and Signature Disclosure accepted by signer on 03/05/2026.