ATTORNEY'S AGREEMENT AS TO RECIPIENT'S RECOVERY FROM THIRD PARTY

DEPARTMENT OF HUMAN SERVICES
MEDICAL SERVICES DIVISION
SFN 561 (7-2014)

Clear Fields

RECIPIENT INFORMATION

Name			
Address			Case Number
City	State	ZIP Code	Telephone Number

ATTORNEY INFORMATION

Name			
Firm Name			
Address			
City	State	ZIP Code	Telephone Number

I am the attorney for the recipient, who has contracted with my firm to obtain recovery against parties or persons who may be liable as a consequence of the injury, disease, or disability suffered by the recipient or the recipient's dependent ("Recipient"), for which the North Dakota Department of Human Services ("Department") has provided, or will provide, payment for care and treatment of the Recipient. I understand and agree:

- The Recipient's right of recovery has been assigned to the Department, up to the amount expended by the Department for care and treatment of the Recipient;
- The assignment is made by operation of N.D.C.C. Sections 50-24.1.1-02, 50-24.1-30, 50-24.1-02.1, or any combination of the three, and that the assignment is required by 42 U.S.C. Sections 1396a(a)(25), 1396k, and regulations adopted thereunder;
- The Recipient may be required to execute a document describing the assignment as a condition of eligibility for benefits;
- The purpose of this agreement is to recognize the assignment, to memorialize repayment provisions that recognize that some portion of the cost of recovery should be apportioned to the Department, and to provide for the payment of remaining sums to the Department, as described in the calculation provisions on the reverse of this page which are hereby incorporated by reference;
- The Department's recovery base is equal to the lesser of the total gross recovery attributable to medical expenses on the recipient's claim or the amount expended by the Department for care and treatment of the Recipient related to the Recipient's claim;
- Payment of the Department's recovery is due immediately upon obtaining any recovery; and
- This agreement does not create the relationship of attorney and client between me and the Department.

ATTORNEY SIGNATURE

Signature	Date

ACCEPTED BY THE NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES

Signature	Title	Date

DEPARTMENT'S RECOVERY CALCULATION		
1. Enter value of gross recovery on claim: NOTE: Please provide documentation of this amount.		
2. Enter value of gross recovery attributable to medical payments: NOTE: Please provide documentation of this amount. Until information is provided persuading the Department otherwise, it will be the Department's position that the settlement amount includes up to the entire amount of medical expenses paid by the Department.		
3. Enter total amount expended by Department for recipient's care and treatment:		
4a. Enter total fees (other than attorney fees) and costs of litigation:		
4b. Enter total fees and costs recoverable from anyone other than Recipient:		
4c. Total fees and costs for distribution (Line 4a minus Line 4b):	$0.00	
4d. Department's recovery percentage attributable to medical (Divide Line 2 by Line 1):	0.00000	
4e. Department's share of fees and costs (Line 4d times Line 4c):		$0.00
5a. Enter Department's recognition of attorney's fees (Nothing if the claim is for recovery of Worker's Compensation benefits; 20% of Department's recovery base if recovery is made before filing the complaint; 25% of Department's recovery base if recovery is made after filing the complaint, but before trial commences; or 33 1/3% of Department's recovery base if recovery is made after trial commences or after issuance of an appellate mandate. The Department's recovery base is the lesser of lines 2 and 3):		
5b. Enter attorney's fees due from anyone other than Recipient:		
5c. Department's recognition of attorney's fees (Line 5a minus Line 5b):		$0.00
6. Department's recovery (Line 2 minus Line 4e and Line 5c):		$0.00