

**WISCONSIN JUDICARE, INC.
PO BOX 6100
WAUSAU WI 54402-6100**

ATTORNEY _____

CLIENT _____

INITIAL CONFERENCE DATE _____

SOCIAL SECURITY BILLING ATTACHMENT

I certify that the client in this action has not and will not be billed for any fees associated with this case and I have filed the Waiver section of form SSA-1696 with the Social Security Administration.

DATE

ATTORNEY'S SIGNATURE

Return this form with your Request for Final Payment of Legal Services (Form WJ-220C) upon completion of the case.