

DATE: [Date]

TO:

[Recipient Name or Insurance Company]

[Recipient Address]

[City, State, Zip Code]

RE: Notice of Legal Representation

Client: [Name of Client]

Claim/Reference Number: [Number, if applicable]

Date of Incident: [Date]

To Whom It May Concern:

Please be advised that our firm has been retained to represent [Name of Client] in connection with the above-referenced matter.

Accordingly, we request that you direct all future communications, correspondence, and inquiries regarding this matter solely to our office. Please do not contact our client directly.

Additionally, we request that you provide us with copies of any and all documents, statements, or evidence currently in your possession relating to this claim. If there is an insurance policy involved, please provide a copy of the declarations page and any applicable coverage limits.

Please acknowledge receipt of this notice in writing.

Sincerely,

[Attorney Signature]

[Attorney Name]

[Law Firm Name]

[Phone Number]

[Email Address]