CO-COUNSEL ASSOCIATION AGREEMENT

Date: [Date]

RE: [Client Name] v. [Defendant Name]
Matter: Personal Injury Claim arising on [Date of Incident]

1. PARTIES
This agreement is entered into between [Your Law Firm Name] ("Lead Counsel") and [Partner Law Firm Name] ("Co-Counsel") regarding the legal representation of [Client Name] ("Client").

2. SCOPE OF WORK
The parties agree to associate as co-counsel to prosecute the Client's personal injury claims. Lead Counsel shall be responsible for [Specific Duties], and Co-Counsel shall be responsible for [Specific Duties]. Both firms agree to share joint legal responsibility for the representation.

3. DIVISION OF FEES
In the event of a recovery, the total attorney's fees shall be divided as follows:
- Lead Counsel: [Percentage]%
- Co-Counsel: [Percentage]%

4. COSTS AND EXPENSES
All out-of-pocket litigation costs shall be advanced by [Firm Name]. Upon recovery, the advancing firm shall be reimbursed for all costs before the net settlement is distributed to the Client and attorney fees are calculated.

5. CLIENT CONSENT
The parties acknowledge that the Client has been informed of this association and has consented to the division of fees as required by the Rules of Professional Conduct.

6. DISPUTE RESOLUTION
Any disputes arising from this agreement shall be resolved through binding arbitration in [City, State].

SIGNATURES:

_____
[Name], for Lead Counsel

_____
[Name], for Co-Counsel

CLIENT ACKNOWLEDGMENT:
I, [Client Name], hereby consent to the association of the above firms and the fee-sharing arrangement described herein.

_____

[Client Name]