

[Law Firm Name]
[Address]
[City, State, Zip]
[Phone Number]

[Date]

[Client Name]
[Client Address]
[City, State, Zip]

RE: Engagement for Legal Services - Medical Malpractice Claim

Dear [Client Name],

This letter sets forth the agreement between [Law Firm Name] ("Attorney") and [Client Name] ("Client") regarding legal representation for a medical malpractice claim against [Healthcare Provider/Entity Name] arising from treatment on or about [Date of Incident].

1. Scope of Representation

Attorney will investigate, prosecute, and settle all claims for damages arising from the medical negligence described above. This agreement does not cover appeals or unrelated legal matters.

2. Contingency Fee Arrangement

Client will pay no attorney fees unless a recovery is obtained. If a recovery is made, the Attorney's fee shall be calculated as follows:

- [Percentage]% of the gross recovery if settled before a lawsuit is filed.
- [Percentage]% of the gross recovery after a lawsuit is filed or an arbitrator is appointed.
- [Percentage]% of the gross recovery if the case proceeds to trial.

3. Costs and Expenses

Attorney will advance necessary costs (e.g., medical records fees, expert witness fees, filing fees, court reporters). These costs will be deducted from the Client's share of the recovery after the attorney's fee is calculated. If no recovery is obtained, Client [will/will not] be responsible for reimbursing Attorney for advanced costs.

4. Client Cooperation

Client agrees to be truthful, to keep Attorney informed of any change in contact information, and to cooperate fully in the preparation and trial of the case.

5. No Guarantee of Results

Attorney makes no promises or guarantees regarding the outcome of this matter. All expressions relative to the case are matters of opinion only.

6. Termination of Services

Client may discharge Attorney at any time. Attorney may withdraw from representation if Client

fails to cooperate, if the claim is found to lack merit, or for any other ethical reason allowed by law.

7. Settlement

Attorney shall not settle the Client's claim without the Client's express consent.

Please sign and return this letter to signify your acceptance of these terms.

Sincerely,

[Attorney Signature]

[Printed Name]

CLIENT ACCEPTANCE

I have read, understand, and agree to the terms set forth above.

[Client Signature]

[Date]