

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

[Date]

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

RE: Engagement for Legal Representation - [Case Name/Employment Dispute]

Dear [Client Name],

This letter (the "Agreement") confirms the terms upon which [Law Firm Name] ("Attorney") will represent [Client Name] ("Client") regarding legal claims against [Employer Name] arising out of [nature of dispute, e.g., wrongful termination, discrimination, or unpaid wages].

1. Scope of Representation

Attorney will provide legal services to Client including investigation, negotiation, and filing of formal legal claims or litigation if necessary. This agreement does not cover appeals or unrelated legal matters.

2. Contingency Fee Arrangement

Legal fees are contingent upon a recovery of funds. Client is not responsible for attorney's fees if no recovery is obtained. If a recovery is made, Client agrees to pay Attorney as follows:

- [Percentage, e.g., 33.3%] of the gross recovery if resolved prior to filing a lawsuit.
- [Percentage, e.g., 40%] of the gross recovery if a lawsuit is filed or an arbitration demand is made.

3. Costs and Expenses

In addition to attorney's fees, Client is responsible for out-of-pocket costs (e.g., filing fees, expert witness fees, deposition transcripts). Attorney may advance these costs, to be reimbursed from Client's share of any recovery. If no recovery is made, Client [is/is not] responsible for reimbursing advanced costs.

4. Client Responsibilities

Client agrees to be truthful, to cooperate in the preparation of the case, and to keep Attorney informed of any changes in contact information or employment status.

5. Termination of Services

Client may terminate this Agreement at any time. Attorney may withdraw from representation for good cause, subject to ethical rules and court approval. If representation is terminated, Attorney may be entitled to a lien for the value of work performed.

6. No Guarantee of Outcome

Attorney makes no promises or guarantees regarding the successful outcome or the amount of any potential recovery.

7. Settlement Authority

No settlement shall be made without the express consent of the Client.

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

Sincerely,

[Attorney Name]
[Law Firm Name]

ACKNOWLEDGED AND AGREED:

[Client Name]
Date: _____