

[Attorney/Law Firm Name]

[Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]

[Date]

[Recipient Name/Insurance Company]

[Attn: Claims Department/Adjuster Name]

[Address]

[City, State, Zip Code]

Re: Notice of Representation

Claimant: [Client Name]

Your Insured: [Opposing Party Name]

Claim Number: [Claim Number (if known)]

Date of Incident: [Date]

To Whom It May Concern,

Please be advised that this office represents [Client Name] regarding the injuries and damages sustained in the above-referenced incident.

From this point forward, please direct all future communications, correspondence, and documentation regarding this matter to my attention at the address listed above. We request that you do not contact our client directly.

Please provide us with a copy of the following information as soon as possible:

- Confirmation of insurance coverage and policy limits;
- A copy of any recorded statements made by our client;
- Any photographs or documentation related to the scene or damages.

If you have already assigned an adjuster to this file, please provide their name and contact information. We look forward to working with you toward a resolution of this claim.

Sincerely,

[Signature]

[Printed Name]

[Law Firm Name]