

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

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

RE: Engagement for Legal Services - Medical Malpractice Claim

Dear [Client Name],

This letter confirms that [Law Firm Name] has been retained to represent you in connection with a medical malpractice claim against [Name of Healthcare Provider/Facility] regarding treatment received on or about [Date of Incident].

1. Scope of Representation

Our firm will provide legal services including investigation, collection of medical records, consultation with medical experts, filing of legal pleadings, and representation in settlement negotiations or trial. This agreement does not cover appeals or unrelated legal matters.

2. Contingency Fee Arrangement

Our legal fees are based on a contingency fee. You will not be charged attorney fees unless we recover money for you. Our fee will be [Percentage]% of the gross recovery if settled before filing a lawsuit, and [Percentage]% if a lawsuit is filed or the case goes to trial.

3. Costs and Expenses

In addition to attorney fees, you are responsible for out-of-pocket costs such as expert witness fees, filing fees, and medical record retrieval costs. These costs will be: (Select one: [] Advanced by the firm and deducted from the final recovery / [] Paid by the client as they are incurred).

4. Client Responsibilities

You agree to cooperate fully, provide all relevant medical history, and notify the firm of any changes in contact information or medical status.

5. No Guarantee of Outcome

You acknowledge that medical malpractice litigation is complex and that our firm has made no guarantees regarding the successful outcome or the specific amount of any recovery.

6. Termination

Either party may terminate this representation at any time by providing written notice, subject to the firm's right to be reimbursed for costs advanced and potentially a quantum meruit fee for work performed.

Please sign and return a copy of this letter to indicate your acceptance of these terms.

Sincerely,

[Attorney Signature]

[Printed Name of Attorney]

Client Acceptance:

I have read, understand, and agree to the terms set forth in this Engagement Letter.

Signature: _____ Date: _____