

[Law Firm Name]  
[Address]  
[City, State, Zip Code]

[Date]

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

## **RE: Engagement for Legal Services - Catastrophic Injury Claim**

Dear [Client Name],

This letter confirms that [Law Firm Name] ("the Firm") has been retained to represent you in connection with injuries sustained on or about [Date of Incident] involving [Description of Incident/Opposing Party].

### **1. Scope of Representation**

The Firm will provide legal services related to the investigation, negotiation, and litigation of your personal injury claims. This includes seeking damages for medical expenses, future care, lost earning capacity, and pain and suffering.

### **2. Contingency Fee Arrangement**

You are not required to pay an upfront retainer. Our legal fees are contingent upon a successful recovery. The Firm shall receive:

- [Percentage]% of the gross recovery if settled prior to filing a lawsuit.
- [Percentage]% of the gross recovery if a lawsuit is filed or if the matter proceeds to arbitration/trial.

### **3. Costs and Expenses**

The Firm will advance litigation costs (e.g., expert witness fees, medical records, filing fees, and depositions). These costs will be deducted from your portion of the recovery after the contingency fee is calculated. If there is no recovery, you will not be responsible for reimbursing the Firm for these advanced costs.

### **4. Client Responsibilities**

You agree to cooperate fully with the Firm, provide all relevant documentation, attend necessary medical evaluations, and notify us immediately of any change in contact information or medical status.

### **5. No Guarantee of Outcome**

While the Firm will strive for the best possible result, we make no guarantees regarding the final outcome or the total amount of compensation to be recovered.

**6. Termination of Services**

You may terminate this representation at any time. The Firm reserves the right to withdraw from representation as permitted by the Rules of Professional Conduct.

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

Sincerely,

[Attorney Name]  
[Law Firm Name]

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**Acknowledge and Agreed:**

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[Client Signature]

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[Date]