

REPRESENTATION AGREEMENT: PEDESTRIAN ACCIDENT CLAIM

Date: [Insert Date]

Client Name: [Insert Client Name]

Client Address: [Insert Client Address]

Attorney/Law Firm: [Insert Law Firm Name]

Attorney Address: [Insert Firm Address]

1. SCOPE OF REPRESENTATION

The Client engages the Attorney to provide legal services related to a pedestrian accident that occurred on [Insert Date of Accident] at [Insert Location of Accident]. This representation includes investigating the claim, negotiating with insurance carriers, and initiating legal action if necessary.

2. ATTORNEY FEES

This matter is handled on a contingency fee basis. The Client will pay no legal fees unless a recovery is obtained. The Attorney's fee shall be [Insert Percentage, e.g., 33.3%] of the total gross amount recovered before filing a lawsuit, and [Insert Percentage, e.g., 40%] if a lawsuit is filed or an appeal is taken.

3. COSTS AND EXPENSES

The Attorney may advance costs such as medical record fees, police report fees, filing fees, and expert witness fees. These costs will be deducted from the Client's portion of the recovery upon successful conclusion of the case. If no recovery is made, the Client [will / will not] be responsible for these costs.

4. CLIENT COOPERATION

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

5. NO GUARANTEE OF OUTCOME

The Attorney makes no promises regarding the successful outcome or the specific amount of any potential settlement or judgment.

6. TERMINATION

The Client may terminate this agreement at any time. The Attorney may withdraw from representation if the Client fails to cooperate or if the Attorney determines the claim lacks merit, subject to court approval if applicable.

7. SIGNATURES

By signing below, the parties agree to the terms of this Engagement Letter.

[Client Name], Client

[Attorney Name], For the Firm