

# JOINT REPRESENTATION ENGAGEMENT LETTER

**Date:** [Date]

**Clients:**

[Client Name 1]

[Client Name 2]

**Matter:** Personal Injury claim arising from an incident on [Date of Incident] at [Location of Incident].

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Dear [Client Name 1] and [Client Name 2],

This letter confirms that [Law Firm Name] has been retained to represent both of you jointly in connection with your claims for personal injuries. This agreement outlines the terms of our joint representation.

## 1. Scope of Representation

We will provide legal services to pursue compensation for damages, including medical expenses, lost wages, and pain and suffering resulting from the aforementioned incident.

## 2. Joint Representation and Potential Conflicts

By signing this letter, you acknowledge that you have asked us to represent both of you. At this time, your interests appear to be aligned. However, a conflict of interest may arise in the future regarding the distribution of settlement funds or the determination of liability. If a conflict arises that prevents us from representing both parties ethically, we may be required to withdraw from representing one or both of you.

## 3. Confidentiality and Information Sharing

In a joint representation, there is no expectation of confidentiality between the clients. Any information provided by one client relating to the case will be shared with the other client. We cannot keep secrets between you regarding this legal matter.

## 4. Legal Fees and Expenses

This matter is handled on a contingency fee basis. Our fee is [Percentage]% of the total recovery obtained. If there is no recovery, you will not owe attorney fees. You are responsible for costs and expenses (e.g., filing fees, medical records, expert witness fees), which will be deducted from the gross recovery before distribution.

## 5. Settlement Authority

No settlement will be made without the consent of both clients. You agree to cooperate with each other and with this firm to reach a fair resolution of your claims.

## **6. Termination**

You have the right to terminate our services at any time. We also reserve the right to withdraw from representation as permitted by the Rules of Professional Conduct.

Please sign below to indicate your agreement to these terms.

Sincerely,

[Attorney Signature]

[Attorney Name]

[Law Firm Name]

## **CONSENT AND AGREEMENT**

We have read this letter, understand its contents, and agree to the joint representation under the terms described above.

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[Client Name 1] Signature

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[Client Name 2] Signature