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

[Date]

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

RE: Engagement for Workers' Compensation Legal Services

Dear [Client Name],

This letter confirms that [Law Firm Name] has been retained to represent you in connection with your workers' compensation claim arising from an injury sustained on or about [Date of Injury] during your employment with [Employer Name].

1. Scope of Representation
Our representation is limited to the pursuit of workers' compensation benefits including, but not limited to, medical treatment, temporary disability benefits, and permanent disability awards. This agreement does not cover third-party personal injury claims, employment discrimination, or appeals unless a separate agreement is signed.

2. Legal Fees
This case is handled on a contingency fee basis. You are not required to pay an upfront retainer. Our fee is calculated as [Percentage, e.g., 15% or 25%] of the total settlement or award obtained on your behalf. All fees are subject to approval by the Workers' Compensation Board or Judge.

3. Costs and Expenses
The firm may advance costs such as medical record fees, expert witness fees, and filing costs. These expenses will be deducted from your portion of the final settlement or award. If no recovery is made, you may still be responsible for certain out-of-pocket costs depending on local regulations.

4. Client Responsibilities
You agree to cooperate fully, provide all relevant medical documentation, notify us of changes in your employment status, and attend all scheduled medical evaluations and hearings.

5. Termination
You may terminate this representation at any time. The firm reserves the right to withdraw from representation subject to ethical rules and court approval.

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

Sincerely,

[Attorney Name]
[Law Firm Name]

ACKNOWLEDGED AND AGREED:

_____
[Client Signature]

_____
[Date]