[Date]

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

RE: LIMITED SCOPE REPRESENTATION AGREEMENT
Claim Number: [Claim Number]
Date of Injury: [Date of Injury]

Dear [Client Name],

This letter confirms that [Law Firm Name] has been retained to represent you on a limited basis regarding your workers' compensation claim. Unlike a general retainer, our services are strictly limited to the specific tasks outlined below.

1. SCOPE OF WORK
Our representation is limited ONLY to the following task(s):
[Insert specific task, e.g., Representation at the hearing on Date / Drafting of Settlement Documents / Mediation only].

2. MATTERS NOT INCLUDED
We will not provide representation for any other matters, including but not limited to: medical provider disputes, future appeals, third-party liability claims, or employment discrimination issues. Once the specific task mentioned above is completed, our attorney-client relationship will terminate automatically without further notice.

3. FEES AND COSTS
[Insert Fee Arrangement, e.g., Contingency percentage or Flat Fee]. All fees are subject to approval by the Workers' Compensation Board/Commission as required by law.

4. CLIENT RESPONSIBILITIES
You agree to cooperate fully, provide all requested medical records, and notify us immediately of any change in your contact information or employment status.

5. TERMINATION
You have the right to terminate our services at any time. We reserve the right to withdraw from representation subject to court rules and professional ethics requirements.

Please sign below to acknowledge that you understand and agree to the limited nature of this representation.

Sincerely,

[Attorney Name]
[Law Firm Name]

ACKNOWLEDGMENT

I have read this letter and understand that [Law Firm Name] is NOT representing me for my entire workers' compensation claim, but only for the specific tasks listed above.

_____
[Client Signature]

_____
[Date]