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

[Date]

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

RE: Engagement for Legal Services - Denied Workers' Compensation Claim

Dear [Client Name],

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

1. Scope of Services
Our firm will provide legal representation to challenge the denial of your claim. This includes filing necessary appeals, gathering medical evidence, communicating with the insurance carrier, and representing you at hearings before the Workers' Compensation Board.

2. Fees and Costs
This matter will be handled on a contingency fee basis. This means you will not pay attorney fees unless we successfully recover benefits for you. Our fee will be [Percentage]% of the gross recovery, subject to approval by the Workers' Compensation judge or board. You may be responsible for out-of-pocket costs such as medical record fees or expert witness fees.

3. Client Responsibilities
You agree to provide us with all documents related to your injury, attend all scheduled medical appointments, and notify us immediately of any changes in your employment status or contact information.

4. Termination of Services
Either party may terminate this agreement at any time upon written notice. If the relationship is terminated, the firm may be entitled to a lien for services rendered up to that date.

Please sign and return a copy of this letter to indicate your acceptance of these terms.

Sincerely,

[Attorney Name]
[Law Firm Name]

Acknowledgment and Acceptance:

I have read, understood, and agree to the terms set forth in this Engagement Letter.

_____
[Client Signature]

_____
[Date]