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

[Date]

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

RE: Engagement for Legal Services - Occupational Disease Claim

Dear [Client Name],

This letter confirms that [Law Firm Name] has been retained to represent you regarding your workers' compensation claim for an occupational disease arising from your employment at [Employer Name].

1. Scope of Representation
Our representation is limited to the investigation, filing, and litigation of your workers' compensation claim related to [Specific Disease/Condition]. This includes representation before the [State Workers' Compensation Board/Commission].

2. Legal Fees
This matter will be handled on a contingency fee basis. This means you will not pay attorney fees unless we recover compensation for you. Our fee is [Percentage]% of any settlement, award, or retroactive benefits obtained, subject to approval by the Workers' Compensation Board.

3. Costs and Expenses
In addition to attorney fees, you are responsible for costs incurred, such as medical record fees, expert witness fees, and filing costs. These expenses will be deducted from your portion of the recovery.

4. Client Responsibilities
You agree to provide all medical records, employment history, and exposure information necessary to support your claim. You must notify us immediately of any changes in your medical status or contact information.

5. Termination of Services
Either party may terminate this agreement at any time upon written notice. If representation is terminated, the firm may be entitled to a lien for fees and costs incurred 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, understand, and agree to the terms set forth above.

_____
[Client Signature]

_____
[Date]