

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

[Date]

[Recipient Name/Insurance Company]
[Adjuster Name, if known]
[Address]
[City, State, Zip Code]

RE: NOTICE OF REPRESENTATION

Claimant: [Client Name]
Your Insured: [Insured Name]
Date of Loss: [Date of Incident]
Claim Number: [Claim Number, if known]

Dear [Recipient Name/Adjuster],

Please be advised that this office represents [Client Name] regarding the injuries and damages sustained in the above-referenced matter.

We kindly request that all future communications, correspondence, and inquiries regarding this claim be directed to our office. Please instruct your employees and representatives to refrain from contacting our client directly.

Additionally, please provide us with a copy of the following information within [Number] days:

- The declarations page for all applicable insurance policies.
- Confirmation of the policy limits.
- Any recorded statements previously taken from our client.

We are currently investigating this matter and will forward a formal demand for settlement once our client's medical treatment is complete and all documentation is gathered.

Thank you for your cooperation in this matter.

Sincerely,

[Attorney Signature]
[Printed Attorney Name]