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

[Date]

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

RE: Engagement for Legal Services - Workers' Compensation Catastrophic Injury Claim

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 the catastrophic injury sustained on [Date of Injury] while employed by [Employer Name].

1. Scope of Representation
Our firm will provide legal services related to your workers' compensation claim, including but not limited to: filing necessary documentation with the state board, securing medical benefits, pursuing temporary and permanent disability benefits, and seeking a "Catastrophic Designation" to ensure lifetime medical and income support.

2. Legal Fees
This matter is handled on a contingency fee basis. You are not required to pay any attorney fees upfront. Our fee is [Percentage, e.g., 25%] of any gross recovery obtained through settlement, award, or judgment, subject to approval by the Workers' Compensation Board/Commission.

3. Costs and Expenses
The firm may advance costs such as medical record fees, expert witness fees, and filing fees. These expenses will be deducted from your portion of the recovery upon the conclusion of the case. If no recovery is made, you will not be responsible for reimbursing the firm for these costs.

4. Client Responsibilities
You agree to cooperate fully, provide all medical records, notify us of changes in your health or employment status, and attend all scheduled medical examinations and legal hearings.

5. Termination
You may terminate this representation at any time. The firm reserves the right to withdraw from representation as permitted by the rules of professional conduct.

Please sign below 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.

Signature: _____ Date: _____