[Date]

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

RE: Engagement for Legal Representation - Third Party Liability Claim

Dear [Client Name],

This letter confirms that [Law Firm Name] will represent you in connection with your third-party liability claim arising from a work-related injury that occurred on [Date of Incident] at [Location of Incident].

1. Scope of Services
Our representation is limited to pursuing a legal claim for damages against third parties (entities or individuals other than your employer) who may be responsible for your injuries. This is separate from your statutory Workers' Compensation claim.

2. Legal Fees
This matter will be handled on a contingency fee basis. You will not pay any attorney fees unless we recover money for you. Our fee is [Percentage]% of the total gross recovery obtained before a lawsuit is filed, and [Percentage]% if a lawsuit is filed or an arbitration is commenced.

3. Costs and Expenses
The Firm will advance costs such as filing fees, medical record fees, and expert witness fees. These expenses will be deducted from your share of the recovery after the contingency fee is calculated. If there is no recovery, you will not be responsible for reimbursing the Firm for these costs.

4. Workers' Compensation Lien
You acknowledge that the Workers' Compensation insurance carrier may have a legal right (a lien) to be reimbursed from any third-party recovery for medical benefits and lost wages already paid to you. We will work to negotiate this lien on your behalf.

5. Client Cooperation
You agree to cooperate fully, provide all necessary documentation, and notify us immediately of any change in your medical status or contact information.

Please sign and return this letter to signify your agreement to these terms.

Sincerely,

[Attorney Name]
[Law Firm Name]

CONSENT AND AGREEMENT

I have read, understand, and agree to the terms set forth above.

_____
[Client Signature]

_____
[Date]