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

[Date]

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

RE: Engagement for Legal Services - Workers' Compensation Defense (Uninsured)

Dear [Client Name],

This letter confirms that [Law Firm Name] has been retained to represent [Client/Company Name] regarding the workers' compensation claim filed by [Claimant Name], Case No. [Case Number].

1. Scope of Representation
Our representation is limited to defending you against the aforementioned workers' compensation claim. As you are currently uninsured for this risk, our services include evaluating the claim, filing necessary responses with the [State Board/Commission], appearing at hearings, and negotiating potential settlements. This engagement does not include appeals, criminal defense, or representation in other civil matters unless agreed upon in writing.

2. Fees and Billing
Our legal fees will be charged on an hourly basis at the rate of $[Amount] per hour for attorneys and $[Amount] per hour for paralegals. You will receive an itemized invoice monthly. Payment is due within [Number] days of the invoice date.

3. Retainer
We require an initial retainer of $[Amount] before work commences. This amount will be held in our trust account and applied against your final bill or future invoices. If the retainer falls below $[Amount], you agree to replenish it upon request.

4. Costs and Expenses
In addition to legal fees, you are responsible for out-of-pocket costs such as filing fees, court reporter fees, medical record duplication, and expert witness fees. We will seek your approval before incurring any single expense exceeding $[Amount].

5. Client Cooperation
You agree to provide all requested documentation, including payroll records and witness contact

information, in a timely manner. You must inform us immediately of any communication received from the [State Agency] or the Uninsured Employers' Fund.

6. Termination
Either party may terminate this representation at any time upon written notice, subject to court approval if a hearing is pending. Upon termination, all unpaid fees and costs become immediately due.

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

Sincerely,

[Attorney Signature]
[Attorney Printed Name]

Acknowledge and Accepted:

Signature: _____ Date: _____

[Printed Name of Client/Authorized Representative]