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

[Date]

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

RE: Engagement for Appellate Representation - Workers' Compensation

Dear [Client Name],

This letter confirms that [Law Firm Name] has been retained to represent you in the appeal of your Workers' Compensation claim regarding [Case Number/Claim Number], following the decision issued on [Date of Lower Decision].

Scope of Services
Our representation is limited specifically to the appellate phase of your claim. This includes:

- Reviewing the record of the lower court/board proceedings.
- Researching applicable legal issues.
- Drafting and filing appellate briefs.
- Presenting oral arguments, if granted by the court.

This agreement does not cover new claims, medical disputes outside the scope of this appeal, or further appeals to a higher court unless a new agreement is signed.

Legal Fees
Our legal fees for this appeal are based on a contingency fee arrangement. We will receive [Percentage]% of any past-due benefits or lump sum settlement recovered on your behalf, subject to approval by the [State Workers' Compensation Board/Appellate Court]. If no recovery is made, you will not owe an attorney fee.

Costs and Expenses
You are responsible for out-of-pocket costs regardless of the outcome. These may include:

- Filing fees.
- Transcript preparation costs.
- Printing and postage fees.

[Optional: We will advance these costs and seek reimbursement from any award, or you will be billed monthly for these expenses.]

Client Obligations
To provide effective representation, you agree to:

- Maintain accurate contact information with our office.
- Provide all requested documentation promptly.
- Notify us immediately of any changes in your employment or medical status.

Termination
You may terminate our services at any time. We reserve the right to withdraw from representation if there is a breach of this agreement, a conflict of interest, or if we determine the appeal lacks legal merit, subject to court approval.

Please sign below and return this copy to our office to indicate your acceptance of these terms.

Sincerely,

[Attorney Signature]

ACKNOWLEDGED AND AGREED:

_____
[Client Name]
Date: _____