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

[Date]

[Insurance Carrier Name/Claims Administrator]
[Adjuster Name, if known]
[Address]
[City, State, Zip Code]

RE: NOTICE OF REPRESENTATION

Claimant: [Injured Worker Name]
Employer: [Employer Name]
Date of Injury: [Date]
Claim Number: [Claim Number]

To Whom It May Concern:

Please be advised that this office represents [Injured Worker Name] regarding the above-referenced workers' compensation claim. A copy of the signed Authorization/Retainer is enclosed for your records.

We request that all future communications, correspondence, and legal documents regarding this claim be directed to our office. Please do not contact our client directly regarding this matter.

Furthermore, please provide our office with a complete copy of the claim file, including but not limited to:

- All medical reports and records
- Wage statements (Form [Specific State Form Number])
- A summary of all benefits paid to date
- Any recorded statements or investigation reports

If there are any scheduled hearings or independent medical examinations, please notify us immediately.

Thank you for your cooperation.

Sincerely,

[Attorney Signature]

[Attorney Name]

Enclosure: Signed Authorization