

[Attorney Name/Law Firm Name]

[Address]

[City, State, Zip Code]

[Phone Number]

[Email]

[Date]

[Employer Name]

[Employer Address]

[City, State, Zip Code]

RE: Notice of Representation and Request for Information

Employee Name: [Employee Full Name]

Date of Injury: [Date of Incident]

Claim Number (if known): [Claim Number]

To Whom It May Concern,

Please be advised that this office has been retained to represent [Employee Name] regarding a Workers' Compensation claim arising from injuries sustained during the course of employment on or about [Date of Injury].

We kindly request that you direct all future communication regarding this matter, whether written or verbal, to our office instead of contacting our client directly.

In accordance with state workers' compensation regulations, please provide our office with the following documentation within [Number] days:

- A copy of the Employer's First Report of Injury (Form [Form Number]).
- Copies of any witness statements or incident reports related to this claim.
- The name and contact information of your Workers' Compensation insurance carrier and the assigned claims adjuster.
- Personnel files and payroll records for the 52 weeks preceding the date of injury to calculate the Average Weekly Wage.

If you have already forwarded this claim to your insurance carrier, please provide them with a copy of this letter immediately.

Thank you for your prompt attention to this matter.

Sincerely,

[Attorney Signature]

[Printed Attorney Name]