

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

[Date]

[Employer Name]  
[Attention: Human Resources / Legal Department]  
[Address]  
[City, State, Zip Code]

**RE: Notice of Representation and Preservation of Evidence**

**Employee:** [Client Full Name]

**Date of Injury:** [Date]

**Claim Number:** [Claim Number, if known]

To Whom It May Concern:

Please be advised that this office represents [Client Full Name] regarding the workplace injuries sustained on or about [Date of Injury] while in your employ.

We request that all future communication regarding this matter be directed to our office. Please do not contact our client directly concerning this claim.

Pursuant to this representation, please provide a complete copy of the following documents within [Number] days:

- The employee's complete personnel file.
- All payroll records for the 52 weeks preceding the date of injury.
- The First Report of Injury (FROI) or any internal incident reports.
- Any surveillance footage or photographs related to the incident or the workspace involved.
- Safety logs and maintenance records relevant to the location of the injury.

Furthermore, you are hereby formally notified to preserve all evidence related to this incident, including but not limited to electronic data, physical equipment, and witness statements. Failure to preserve this evidence may result in legal sanctions for spoliation.

If you have insurance coverage for this claim, please forward this letter to your workers' compensation insurance carrier immediately. Thank you for your cooperation.

Sincerely,

[Attorney Signature]

[Printed Name]  
[Law Firm Name]