

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

[Date]

[Employer Name]
[Attn: Legal Department / HR Department]
[Employer Address]
[City, State, Zip Code]

Re: Formal Letter of Representation and Notice of Claim

Deceased: [Full Name of Deceased Employee]

Date of Incident: [Date]

Location of Incident: [Specific Location/Worksite]

To [Name of Contact Person or Department],

Please be advised that [Law Firm Name] has been retained to represent the Estate of [Name of Deceased], as well as the surviving heirs, in connection with the fatal injuries sustained by the deceased during the course of their employment on [Date of Incident].

This letter serves as formal notice of our legal representation. We request that all future communication regarding this matter, including insurance adjustments and legal inquiries, be directed exclusively to our office.

Preservation of Evidence

Pursuant to legal requirements, we hereby demand that you preserve all evidence related to this incident. This includes, but is not limited to:

- Internal accident reports and investigation files.
- Surveillance footage or photographs of the incident scene.
- Maintenance records for any equipment involved.
- Safety logs, training manuals, and OSHA compliance records.
- Personnel files and witness statements.
- Electronic data, emails, and communication logs related to the incident.

Request for Information

Please provide the following information within [Number] days:

- The name of your Workers' Compensation insurance carrier and policy number.
- The name of your General Liability insurance carrier and policy number.
- Copies of any official statements taken from witnesses to date.

We look forward to your prompt acknowledgement of this letter. Please have your legal counsel or insurance representative contact us directly.

Sincerely,

[Signature]

[Name of Lead Attorney]

[Law Firm Name]