

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

[Date]

[Employer Name]  
[Attention: Human Resources / Risk Management]  
[Address]  
[City, State, Zip Code]

**RE: Notice of Representation and Workers' Compensation Claim**

Claimant: [Employee Full Name]  
Date of Birth: [DOB]  
Date of Injury: [Approximate date symptoms began/Cumulative trauma period]  
Nature of Injury: Repetitive Stress Injury / [Specific condition, e.g., Carpal Tunnel]

To Whom It May Concern:

Please be advised that this office represents [Employee Name] regarding a Workers' Compensation claim for injuries sustained during the course and scope of employment with [Employer Name]. Our client's injuries are a result of repetitive stress and cumulative trauma associated with their job duties.

This letter serves as formal notice of our representation. Please direct all future communication regarding this matter, including any forms, insurance information, or correspondence, to our office at the address listed above.

We kindly request that you provide the following within [Number] days:

- A complete copy of the employee's personnel file.
- Any internal incident reports or medical records regarding this claim.
- The name and contact information of your Workers' Compensation insurance carrier and the assigned claim number.

Please instruct your insurance carrier to contact our office directly. Do not contact our client regarding this claim without our express written consent.

Thank you for your immediate attention to this matter.

Sincerely,

[Attorney Signature]

[Attorney Printed Name]  
[Law Firm Name]