

[Attorney Name/Law Firm]

[Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]

[Date]

[Employer Name]

[Human Resources Department / Registered Agent]

[Address]

[City, State, Zip Code]

RE: Letter of Representation and Notice of Claim

Employee Name: [Employee Full Name]

Date of Injury/Aggravation: [Date]

Claim Number (if known): [Claim Number]

To Whom It May Concern,

Please be advised that this office represents [Employee Full Name] regarding a workers' compensation claim for injuries sustained during the course and scope of employment. Our client is reporting an aggravation and/or exacerbation of a pre-existing condition, specifically [identify body part/condition], which was significantly worsened by work-related duties on or about [Date].

Pursuant to [State Labor Code/Statute], this letter serves as formal notice of our representation. Please direct all future correspondence, legal documents, and inquiries regarding this matter to our office and refrain from contacting our client directly.

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

- A complete copy of the employee's personnel file.
- All medical records and reports in your possession regarding this claim.
- A copy of the Employer's First Report of Injury.
- Details of the insurance carrier and third-party administrator handling this claim.

If a claim has not yet been filed with your insurance carrier, please do so immediately and provide us with the claim number and adjuster contact information.

Thank you for your prompt attention to this matter.

Sincerely,

[Attorney Signature]

[Printed Name]
[Law Firm Name]