

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

[Date]

[Employer Name]  
[Human Resources Department/Registered Agent]  
[Address]  
[City, State, Zip Code]

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

Claimant: [Employee Full Name]  
Date of Injury: [Date]  
Claim Number: [Claim Number, if known]

To Whom It May Concern:

Please be advised that this office represents [Employee Full Name] regarding the workers' compensation claim arising from the injury sustained on [Date of Injury] during the course of employment with [Employer Name].

Our client has received notification that their claim for benefits has been denied. We formally dispute this denial. We are currently in the process of investigating the facts surrounding the injury and the subsequent denial of benefits.

**Notice to Preserve Evidence:**

We demand that you preserve all evidence related to this claim, including but not limited to: incident reports, witness statements, safety records, video surveillance footage, and any communications regarding our client's employment and injury.

**Request for Personnel and Medical Records:**

Pursuant to state law, please provide a complete copy of [Employee Full Name]'s personnel file and any medical records or reports currently in your possession related to this claim. An executed authorization for the release of information is enclosed.

Please direct all future correspondence regarding this matter exclusively to our office. Do not contact our client directly regarding this claim or their legal representation.

Thank you for your immediate attention to this matter.

Sincerely,

[Attorney Signature]  
[Printed Attorney Name]  
[Law Firm Name]

Enclosure: [Authorization for Release of Information]