

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

[Date]

[Employer Name]
[Employer Address]
[City, State, Zip Code]

Re: Notice of Representation and Preservation of Evidence

Injured Employee: [Employee Full Name]
Date of Injury: [Date of Incident]
Claim Number (if known): [Claim Number]

To Whom It May Concern,

Please be advised that this office has been retained to represent [Employee Full Name] in connection with the catastrophic injuries sustained during the course of employment on [Date of Incident].

Effective immediately, all further communication regarding this matter, whether written or verbal, should be directed solely to this office. Do not attempt to contact our client directly.

Notice of Preservation of Evidence

We formally demand that [Employer Name] preserve all evidence related to this incident. This includes, but is not limited to:

- Electronic data, metadata, and emails regarding the incident;
- Video surveillance footage or photographs of the work site and accident area;
- Equipment, machinery, or tools involved in the injury;
- Maintenance logs and inspection records for the equipment involved;
- Safety manuals, training records, and personnel files for involved parties;
- Internal incident reports and witness statements.

Please forward this letter to your workers' compensation insurance carrier and legal counsel immediately. We request that you acknowledge receipt of this letter within [Number] business days.

Sincerely,

[Attorney Signature]

[Attorney Printed Name]
[Law Firm Name]