

DATE: [Date]

VIA: [Certified Mail / Email / Fax]

TO:

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

AND TO:

[Insurance Carrier Name]
[Claims Department Address]
[City, State, Zip]

RE: NOTICE OF REPRESENTATION AND CLAIM INITIATION

Claimant: [Employee Full Name]

Date of Injury: [Date of Incident]

Claim Number: [Claim Number, if known]

Employer: [Company Name]

To Whom It May Concern:

Please be advised that this office represents [Employee Full Name] regarding the injuries sustained during the course of employment on the date referenced above.

This letter serves as formal notice of the initiation of a claim for benefits. We request that all future communication regarding this matter, including telephone calls, emails, and written correspondence, be directed solely to this office. You are hereby instructed not to contact our client directly.

Pursuant to applicable laws, please provide the following within [Number] days:

- A complete copy of the employee's personnel file.
- All medical reports and records currently in your possession regarding this claim.
- A copy of the first report of injury.
- Wage statements (Form [Specific State Form Number]) for the 52 weeks prior to the injury.

Please acknowledge receipt of this letter and provide the name and contact information of the adjuster assigned to this file.

Sincerely,

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

[Phone Number]
[Email Address]