

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

[Date]

[Parent/Guardian Name]  
Individually and as Parent and Natural Guardian of [Minor Child's Name]  
[Address]  
[City, State, Zip Code]

**RE: Engagement for Legal Representation - Personal Injury Claim**

Dear [Parent/Guardian Name],

This letter confirms that [Law Firm Name] ("the Firm") has been retained to represent you and your minor child, [Minor Child's Name], in connection with personal injuries sustained on or about [Date of Incident] at [Location/Description of Incident].

**1. Scope of Representation**

The Firm will provide legal services to investigate, negotiate, and, if necessary, litigate a claim for damages against [Name of Potential Defendant(s)] and any other responsible parties. This representation includes the pursuit of claims for the minor's injuries and any related derivative claims you may have as a parent.

**2. Legal Fees (Contingency Fee)**

The legal fee for this matter is contingent upon a successful recovery. You will not owe any attorney's fees unless we recover money for you. The fee will be calculated as follows:

- [Percentage, e.g., 33.3%] of the gross recovery if settled before a lawsuit is filed.
- [Percentage, e.g., 40%] of the gross recovery if a lawsuit is filed or an appeal is taken.

**3. Costs and Expenses**

The Firm will advance costs (such as filing fees, medical records fees, and expert witness fees). These costs will be deducted from the gross recovery in addition to the legal fee. If there is no recovery, you will not be responsible for reimbursing the Firm for these advanced costs.

**4. Court Approval (Minor's Compromise)**

Because the claimant is a minor, any proposed settlement must be approved by a court of competent jurisdiction. We will prepare the necessary "Minor's Compromise" petition. The court will determine how the funds are to be held (e.g., in a blocked account or an annuity) until the child reaches the age of majority.

**5. Client Cooperation**

You agree to cooperate fully, provide all relevant medical information, and notify us of any change in contact information or the child's medical condition.

**6. Termination**

You may terminate this representation at any time. The Firm also reserves the right to withdraw from representation subject to ethical rules and court permission.

Please sign below to indicate your agreement to these terms.

Sincerely,

[Attorney Name]  
[Law Firm Name]

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**AGREED AND ACCEPTED:**

\_\_\_\_\_  
[Parent/Guardian Name], Individually and as Parent/Guardian of [Minor's Name]

Date: \_\_\_\_\_