

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

[Date]

[Parent/Guardian Name]  
[Address]  
[City, State, Zip Code]

**RE: Engagement for Legal Representation - Medical Malpractice Claim of [Minor's Name]**

Dear [Parent/Guardian Name],

This letter confirms that [Law Firm Name] ("the Firm") has been retained to represent you, acting as the natural parent/legal guardian of [Minor's Name] ("the Minor"), in connection with a medical malpractice claim against [Name of Healthcare Provider/Facility] for injuries occurring on or about [Date of Incident].

**1. Scope of Representation**

The Firm will provide legal services to investigate, prosecute, and settle or litigate the Minor's claims for medical negligence. This representation does not include appeals or unrelated legal matters unless agreed upon in writing.

**2. Legal Fees**

This matter is handled on a contingency fee basis. The Firm will receive [Percentage]% of the total gross recovery if the case is settled or won at trial. If there is no recovery, you will not owe the Firm any attorney fees.

**3. Costs and Expenses**

The Firm will advance costs (such as medical records fees, expert witness fees, and filing costs). These costs will be deducted from the gross recovery after the contingency fee is calculated. If there is no recovery, the Firm will [not seek reimbursement / seek reimbursement] for advanced costs, as per state law.

**4. Court Approval**

Because this case involves a minor, any proposed settlement or distribution of funds must be approved by a court of competent jurisdiction. The court may also require the funds to be placed in a restricted account or annuity for the benefit of the Minor until they reach the age of majority.

**5. Client Obligations**

You agree to cooperate fully with the Firm, provide all necessary medical authorizations, and attend all required court hearings or depositions.

**6. Termination**

You may terminate this representation at any time. The Firm may withdraw if allowed under the Rules of Professional Conduct.

Please sign and return this letter to indicate your acceptance of these terms.

Sincerely,

[Attorney Name]  
[Law Firm Name]

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**ACCEPTANCE**

I, [Parent/Guardian Name], individually and as Parent/Guardian of [Minor's Name], hereby agree to the terms set forth above.

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