

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

[Date]

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

RE: Engagement for Legal Services - Medical Malpractice Claim

Dear [Client Name],

This letter confirms that [Law Firm Name] (the "Firm") has been retained to represent you in connection with a medical malpractice claim against [Name of Healthcare Provider/Facility] arising from events occurring on or about [Date of Incident].

1. Scope of Services

The Firm will provide legal services related to investigating, filing, and litigating a civil lawsuit for medical negligence. This includes gathering medical records, consulting with expert witnesses, and conducting discovery. This agreement does not cover appeals or unrelated legal matters.

2. Contingency Fee Arrangement

Legal fees for this matter are contingent upon a successful recovery. You will not owe attorney fees unless we recover money for you. The fee will be [Percentage]% of the gross recovery if settled before filing a lawsuit, and [Percentage]% if a lawsuit is filed or if the case goes to trial.

3. Costs and Expenses

In addition to attorney fees, you are responsible for out-of-pocket costs (e.g., filing fees, expert witness fees, medical record copies). The Firm may advance these costs, to be reimbursed from your portion of any settlement or judgment. If there is no recovery, you [will/will not] be responsible for reimbursing advanced costs.

4. Client Responsibilities

You agree to cooperate fully, provide all relevant documentation, and notify us immediately of any change in contact information or medical status.

5. No Guarantee of Outcome

You acknowledge that the Firm has made no guarantees regarding the successful outcome of this litigation or the amount of any potential recovery.

6. Termination

You may terminate this representation at any time. The Firm may withdraw from representation subject to ethical rules and court approval, particularly if it is determined that the claim lacks sufficient merit after further investigation.

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

Sincerely,

[Attorney Name]
[Law Firm Name]

ACKNOWLEDGED AND AGREED:

[Client Signature]

[Date]