

RE: CO-COUNSEL AGREEMENT AND FORMAL REFERRAL

Date: [Date]

To: [Receiving Attorney Name]
[Law Firm Name]
[Address]

From: [Referring Attorney Name]
[Law Firm Name]

Client: [Client Name]

Matter: Medical Malpractice - [Brief Description, e.g., Failure to Diagnose]

Date of Incident: [Date]

Dear [Attorney Last Name],

This letter confirms our agreement to associate as co-counsel regarding the above-referenced medical malpractice claim. This referral is made based on your firm's expertise in this specialized field of litigation.

1. Scope of Representation: Both firms shall represent [Client Name] in the pursuit of all claims against [Defendant Name/Medical Facility] and any other parties identified during the investigation.

2. Division of Fees: In accordance with the Rules of Professional Conduct, the legal fees shall be divided as follows:

- **Referring Firm:** [Percentage]%
- **Receiving Firm:** [Percentage]%

This fee-sharing arrangement is contingent upon the written consent of the client and is based on a division of labor or joint responsibility as outlined in the formal Retainer Agreement.

3. Costs and Expenses: [Specify: e.g., The Receiving Firm shall advance all litigation costs, including expert witness fees and medical record retrieval, to be reimbursed from the gross recovery prior to fee distribution.]

4. Division of Labor: [Receiving Firm] will serve as lead counsel, handling primary discovery, expert depositions, and trial preparation. [Referring Firm] will maintain communication with the client and assist with local filings and documentation as needed.

5. Client Consent: We will provide the client with a joint disclosure statement and obtain their signature acknowledging and approving this co-counsel relationship and fee-sharing structure.

Please sign below to indicate your acceptance of these terms. We look forward to working with you on this matter.

Sincerely,

[Referring Attorney Name]
[Referring Law Firm]

ACCEPTED AND AGREED:

[Receiving Attorney Name]
Date: _____