

**Date:** [Date]

**RE: Referral and Fee Sharing Agreement**

**Client Name:** [Client Name]

**Matter:** Medical Malpractice Claim against [Name of Healthcare Provider/Facility]

Dear [Name of Receiving Attorney],

This letter confirms our agreement regarding the referral of the above-referenced medical malpractice matter from [Referring Firm Name] to [Receiving Firm Name].

**1. Referral:** [Referring Firm Name] hereby refers [Client Name] to [Receiving Firm Name] for legal representation in connection with injuries sustained due to alleged medical negligence occurring on or about [Date of Incident].

**2. Fee Sharing Arrangement:** In consideration of the referral and the ongoing legal responsibilities assumed by both firms, the total contingency legal fee recovered shall be divided as follows:

- [Percentage]% to [Receiving Firm Name]
- [Percentage]% to [Referring Firm Name]

**3. Responsibilities:** [Receiving Firm Name] will act as lead counsel, handling the investigation, filing of the certificate of merit, litigation, and settlement negotiations. [Referring Firm Name] shall remain available for consultation and maintain joint legal responsibility for the representation as required by [State Rule of Professional Conduct].

**4. Costs and Expenses:** All advanced litigation costs and expert witness fees shall be paid by [Receiving Firm Name] and reimbursed from the client's portion of the recovery prior to the distribution of net proceeds.

**5. Client Consent:** By signing below, the client acknowledges and consents to this fee-sharing arrangement. The client understands that this agreement does not increase the total legal fee charged.

Please sign and return a copy of this letter to confirm your acceptance of these terms.

Sincerely,

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[Name of Referring Attorney]  
[Referring Firm Name]

**Acknowledge and Agreed:**

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[Name of Receiving Attorney]  
[Receiving Firm Name]

**Client Consent:**

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[Client Name]