Date: [Date]

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

Re: Disclosure and Waiver of Conflict of Interest Regarding Fee Allocation

Dear [Client Name],

This letter follows our discussion regarding the legal representation of both [Client Name 1] and [Client Name 2] in the matter of [Case Name/Description]. As we have discussed, our firm is representing multiple parties in this action on a contingency fee basis.

1. The Potential Conflict
A conflict of interest may arise regarding the allocation of any recovery (settlement or judgment) obtained in this matter. While all clients share the goal of maximizing the total recovery, your individual interests may differ regarding how that total amount is divided between you. Because our firm represents all of you, we cannot advocate for one client to receive a larger share at the expense of another.

2. Proposed Allocation Method
We propose that any recovery be allocated as follows:
[Describe specific formula, percentage, or process for division].

3. Disclosure of Fee Sharing
The total contingency fee to be paid to the firm remains [Percentage]% of the gross recovery as per your initial Retainer Agreement. This fee will be deducted from the total recovery before the remaining proceeds are distributed according to the allocation described above.

4. Your Right to Independent Counsel
You have the right to consult with independent legal counsel before signing this waiver. By signing below, you acknowledge that you have been advised of this right and have either consulted with outside counsel or have voluntarily chosen not to do so.

5. Consent and Waiver
By signing this document, you confirm that you understand the potential conflicts regarding fee allocation and voluntarily waive these conflicts. You authorize [Law Firm Name] to continue representing all parties under the terms described.

Sincerely,

[Attorney Name]
[Law Firm Name]

Client Acknowledgment and Consent

I have read this letter and understand the potential for conflict regarding the allocation of recovery proceeds. I hereby consent to the representation and waive any conflict of interest related to this fee allocation.

_____

[Client Name] Date

_____

[Client Name] Date