

[Date]

[Expert Name]

[Expert Title/Company]

[Address]

[City, State, Zip Code]

Re: [Case Name vs. Case Name]

Court/Case Number: [Number]

Dear [Expert Name],

This letter serves as our formal instruction for you to act as an independent Vocational Rehabilitation Expert Witness on behalf of [Plaintiff/Defendant] in the above-referenced matter.

1. Scope of Work

We request that you conduct a comprehensive vocational assessment of [Subject Name] to determine their earning capacity and employability. Your analysis should include:

- A review of the provided medical, educational, and employment records.
- A formal vocational interview and/or diagnostic testing of the subject.
- An analysis of the subject's transferable skills and pre-injury vs. post-injury labor market access.
- An evaluation of potential loss of future earnings.

2. Materials Provided

Enclosed are the following documents for your review:

- Medical reports from [Doctor Name] dated [Date].
- Tax returns and W-2 statements for years [Years].
- Deposition transcripts of [Names].
- [List any other relevant documents].

3. Deadlines

Please provide your written expert report no later than [Date]. We anticipate the need for your testimony at a deposition currently scheduled for [Date] and at trial tentatively set for [Date].

4. Fees

Your services will be compensated according to the fee schedule provided to our firm on [Date]. Please direct all invoices to [Name/Department] referencing the case number above.

5. Confidentiality

All materials provided and communications regarding this matter are strictly confidential and may be subject to attorney-work product privilege. Do not release any information to third parties without written authorization.

Please confirm your receipt of these instructions and your ability to meet the requested timeline.

Sincerely,

[Your Name]

[Law Firm Name]

[Phone Number]

[Email Address]