[Attorney Name/Law Firm Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

[Recipient Name/Adjuster Name]
[Company Name/Insurance Company]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

RE: Notice of Representation

Our Client: [Client Full Name]
Your Insured: [Insured Name (if applicable)]
Claim Number: [Claim Number]
Date of Incident: [Date of Incident/Accident]

To Whom It May Concern,

Please be advised that this office has been retained to represent [Client Full Name] regarding the incident that occurred on [Date of Incident].

Instructions Regarding Communication:
Effective immediately, you are instructed to direct all future correspondence, inquiries, and documentation regarding this matter solely to this office. You are not to contact our client directly, whether by telephone, mail, email, or in person.

Requests for Information:
Please provide the following information to our office within [Number] days:

- Confirmation of insurance coverage and applicable policy limits.
- Copies of any statements, recorded or otherwise, taken from our client.
- A copy of the declarations page for the relevant policy.

Preservation of Evidence:
We further instruct you to preserve all evidence related to this claim, including but not limited to photographs, video footage, electronic data, and physical evidence, until this matter is resolved.

Please acknowledge receipt of this letter and direct all future communications to the undersigned.

Sincerely,

[Attorney Signature]

[Printed Attorney Name]
[Law Firm Name]