[Date]

[Client Name]
[Title]
[Company Name]
[Address]
[City, State, Zip Code]

Re: Engagement for Accounting Services in the Matter of **[Case Name]**, Case No. **[Case Number]**

Dear **[Client Name]**,

This letter confirms that **[Accounting Firm Name]** ("the Firm") has been engaged to provide professional accounting and consulting services to **[Client/Debtor/Trustee Name]** in connection with the above-referenced bankruptcy proceedings under **[Chapter 7 / Chapter 11 / Chapter 13]** of the U.S. Bankruptcy Code.

1. Scope of Services

The Firm will perform the following services as requested:

- Preparation of Schedules and Statements of Financial Affairs (SOFA).
- Preparation of Monthly Operating Reports (MOR).
- Forensic accounting and analysis of preferential or fraudulent transfers.
- Assistance with the development or evaluation of a Plan of Reorganization.
- Tax compliance and filing of required returns during the pendency of the case.
- Provision of expert testimony and litigation support if required.

2. Fees and Billing

Our fees are based on the hourly rates of the professionals assigned to this matter:

- Partner/Principal: $**[Amount]** per hour
- Manager: $**[Amount]** per hour
- Staff Accountant: $**[Amount]** per hour

An initial retainer of $**[Amount]** is required. Please note that all fees and expenses are subject to the approval of the Bankruptcy Court.

3. Court Approval

This engagement is contingent upon the entry of an Order by the Bankruptcy Court authorizing the employment of the Firm under Section 327 or 1103 of the Bankruptcy Code. We will assist counsel in preparing the necessary application and affidavit of disinterestedness.

4. Client Responsibilities

The Client agrees to provide full access to all financial records, books, and accounts necessary to complete the scope of work. The Client is responsible for the accuracy and completeness of the data provided.

5. Limitation of Liability

Our liability for any claim arising out of this engagement shall be limited to the total amount of fees paid to the Firm for the services rendered under this agreement.

Please indicate your acceptance of these terms by signing below.

Sincerely,

[Name of Partner]
[Accounting Firm Name]

Accepted and Agreed:

Signature: _____

Name: **[Authorized Signatory Name]**

Date: _____