

[Law Firm Name]  
[Attorney Name]  
[Address Line 1]  
[Address Line 2]  
[Phone Number]  
[Email Address]

[Date]

[Recipient Name/Insurance Company]  
[Title]  
[Claims Department]  
[Address Line 1]  
[Address Line 2]

**RE: NOTICE OF REPRESENTATION**

**Claimant:** [Client Name]  
**Claim Number:** [Claim Number, if known]  
**Date of Incident:** [Date]  
**Your Insured:** [Name of Opposing Party]

To Whom It May Concern,

Please be advised that this office has been retained to represent [Client Name] regarding all claims arising from the incident occurring on [Date].

Effective immediately, you are instructed to direct all future correspondence, inquiries, and legal documents regarding this matter to my attention at the address listed above. Please do not contact our client directly.

We request that you provide a complete copy of the following items within [Number] days:

- Declarations page of the applicable insurance policy.
- Any recorded statements taken from our client.
- Relevant photographs or evidence from the scene.

If you have already assigned an adjuster or legal counsel to this file, please provide their contact information as soon as possible.

Thank you for your prompt attention to this matter.

Sincerely,

[Attorney Signature]

[Attorney Printed Name]  
[Law Firm Name]