**RETAINER AGREEMENT**

**PERSONAL INJURY**

This Retainer Agreement ("Agreement") is entered into as of [Date], by and between:

**Law Firm:** [Law Firm Name]
Address: [Law Firm Address]
Phone: [Law Firm Phone Number]
Email: [Law Firm Email Address]

**Client:** [Client Name]
Address: [Client Address]
Phone: [Client Phone Number]
Email: [Client Email Address]

**1. SCOPE OF REPRESENTATION**

The Client retains [Law Firm Name] to represent them in a personal injury claim arising from the following incident:

[Brief description of the accident or injury, including date and location.]

The Law Firm agrees to provide legal representation to the Client in connection with this personal injury matter, including negotiating with insurance companies and, if necessary, filing a lawsuit on the Client's behalf. The Law Firm will not represent the Client in any other legal matters unless agreed to in writing.

**2. CONTINGENCY FEE ARRANGEMENT**

The Law Firm agrees to provide legal services on a contingency fee basis. The Client will not owe any legal fees unless the Law Firm recovers money for the Client, whether by settlement or judgment. If the Law Firm recovers money for the Client, the Client agrees to pay the Law Firm a percentage of the total recovery as follows:

* **Before Filing a Lawsuit:** [Percentage]% of the gross recovery.
* **After Filing a Lawsuit but Before Trial:** [Percentage]% of the gross recovery.
* **After Trial or Appeal:** [Percentage]% of the gross recovery.

**3. COSTS AND EXPENSES**

The Client understands that certain costs and expenses may be incurred in pursuing the personal injury claim, including but not limited to filing fees, expert witness fees, medical records, and court reporting services. These costs and expenses will be deducted from any recovery obtained, in addition to the attorney’s contingency fee.

If there is no recovery, the Client is not responsible for reimbursing the Law Firm for costs and expenses.

**4. CLIENT RESPONSIBILITIES**

The Client agrees to cooperate fully with the Law Firm and provide all necessary information and documentation related to the case. This includes attending all medical appointments, keeping the Law Firm informed of any changes in contact information, and notifying the Law Firm of any communication with insurance companies or other parties involved.

**5. TERMINATION OF AGREEMENT**

The Client may terminate this Agreement at any time by providing written notice to the Law Firm. If the Client terminates this Agreement after a settlement offer is made or a recovery is obtained, the Client will be responsible for paying the Law Firm the agreed-upon contingency fee and any costs incurred.

The Law Firm may terminate this Agreement if the Client fails to cooperate, engages in fraudulent or unethical conduct, or if continued representation would violate ethical rules. If the Law Firm terminates this Agreement, the Client will not be responsible for any fees unless a recovery is obtained after the termination.

**6. NO GUARANTEE OF OUTCOME**

The Client understands that the Law Firm cannot guarantee any specific outcome or amount of recovery. The Client acknowledges that all statements made by the Law Firm regarding potential outcomes are opinions based on professional experience and are not guarantees.

**7. ENTIRE AGREEMENT**

This Agreement represents the entire understanding between the Client and the Law Firm regarding the personal injury claim. Any modifications or amendments must be made in writing and signed by both parties.

**8. GOVERNING LAW**

This Agreement shall be governed by, and construed in accordance with, the laws of the applicable jurisdiction, without regard to its conflict of law principles.

**Client Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attorney Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_