

VOS & EISENFELD LLP
ATTORNEYS AT LAW

100-15 QUEENS BLVD., SUITE 203
FOREST HILLS, NY 11375

TELEPHONE: (718) 261-0800
FACSIMILE: (718) 261-3214
WEBSITE: WWW.VECOMPLAW.COM

JOHN A. VOS

JASON S. EISENFELD

Name: _____
Address: _____
City: _____

Date: _____

Your File#: _____
DOA: _____

I, _____, agree and understand that I have retained Vos & Eisenfeld LLP to represent me only in my Workers' Compensation claim. Vos & Eisenfeld LLP do not represent me in any other claims, actions, or suits at this time or on any possible future claims absent a separate specific retainer detailing the terms of that representation.

Vos & Eisenfeld LLP will not handle any claim or action against a third party for negligence, product liability or medical malpractice. I realize that I must consult with an attorney who specializes in these areas for advice regarding such claims.

I agree that I have been advised to consult with another attorney if I want to pursue any other action against anyone for any other possible claims. I agree that I have been advised that if I wish to consult with another attorney then I should do so immediately.

Client Signature

Vos & Eisenfeld