

# FOLLOW-UP COLLECTION AUTHORIZATION LETTER

Please type or print

Dear LegalShield<sup>SM</sup> member:

You have requested that we send a follow-up collection letter on your behalf in this matter. It is necessary that we, as a law firm, have your authorization to take action such as writing a letter. The authorization, certification of prior activity in this matter, and other information you provide here also helps us to verify the information that we have previously taken by telephone.

Please carefully read this letter and the Request For Follow-up Collection Letter or Telephone Call that follows, then complete the requested information, sign the form and return it to us. **YOU MUST FULLY COMPLETE EACH BLANK LINE AND PROVIDE ALL REQUESTED INFORMATION BEFORE WE CAN CONTACT THE OPPOSING PARTY ON YOUR BEHALF**

**NOTE ON OUT OF STATE LETTERS:** Framme Law Firm PC cannot send collection letters to individual debtors for consumer debt who reside outside of the state. Other states have requirements for licensing and bonding, as well as other unique requirements for collection letters to other consumers. We can send collection letters only to out-of-state businesses.

Sincerely yours,

Framme Law Firm PC

## *Request for Follow-up Collection Letter or Telephone Call*

Date:

To: Framme Law Firm, PC Attention/ Attorney:

Email: Mail@FrammeLaw.com - or- Fax #:

→ *All attorneys have direct fax numbers; please fax to the number given to you by the attorney. If you have trouble with that number, you can fax to our firm's main fax number (800) 930-3150. You can always mail the documents via regular mail.*

From:

Intake #:  LegalShield Membership #:

My Mailing Address:

1. Please issue a follow-up collection demand letter to the named (check one)  **individual** or  **business** based upon the information I am providing below:

2. The full name and address of the Debtor:

3. Name of Creditor:

4. Basis for Claim:

5. Original Debt:

6. Amount Paid:

7. Current Debt:

8.  I acknowledge that the foregoing statements are true, correct and accurate. If any information is found to be incorrect and/or has been misrepresented by me, I will hold indemnify Framme Law Firm for any expense which they may incur because of my misstatements.

9. I understand that you (check one)  **WILL** or  **WILL NOT** send a copy of the draft letter to me to review before it is sent to the opposing party. I further understand that if you send a draft to me that you will not send a final letter until you receive my comments on your draft.

10. I (check one)  **DO** or  **DO NOT** want the final letter sent by Certified Mail, Return Receipt Requested (CMRRR). I understand that there is a \$10 fee for a CMRRR letter and if I request one, I have enclosed my check for \$10.00 payable to Framme Law Firm, PC or have contacted the firm to make payment by credit card.

**→ Please make your check payable to “Framme Law Firm, PC” and mail it to Framme Law Firm, PC, 6800 Paragon Place, Suite 233, Richmond, VA 23230 or call our 800 number to pay by credit card over the phone.**

11. Please send my copy of the draft and/or final letter to me by (choose one):

a. Email to .

b. Fax to .

c. Regular mail to .

The details I have provided are accurate to the best of my information and belief.

\_\_\_\_\_/\_\_\_\_\_  
Signature Date

**Important note to members:** If we prepare and send a letter on your behalf, we will do so under the terms of your LegalShield membership contract and will rely on the information contained in your Request to do so. We will make every effort to complete and send the letter within three business days from receiving the Request from you. We will send you a copy of any letter. Our representation of you in this matter will end when we send the letter or make the telephone call. However, please call with any additional questions you may have or if you would like us to take further action. We would appreciate your advising us of any response you receive from the opposing party.