

COLLECTION AUTHORIZATION LETTER

Please Type or Print

Dear LegalShield member:

You have requested that we send a 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: Friedman, Framme & Thrush, P.A. 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,

Friedman, Framme & Thrush, P.A.

Request for Collection Letter or Telephone Call

Date:

To: Attention/ Attorney:

Email: - or- Fax #: 410 559-9009

CTGF ~~W~~QT (exact legal name, including LLC/Inc./etc. if applicable, of the entity or individual to whom the debt is owed):

AUTHORIZED OWNER OR AGENT

MUST BE _____
Authorized Owner or agent:

NAME OF THE

INDIVIDUAL Intake #:

LegalShield Membership #:

SIGNING BELOW. NOTE: YOU MUST LIST BOTH CREDITOR **AND** AUTHORIZED OWNER OR AGENT ABOVE.

My Mailing Address: IF CREDITOR IS YOU AS AN INDIVIDUAL, LIST YOUR NAME FOR BOTH.

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

DEBTOR (THE OPPOSING PARTY WHO OWES YOU THE DEBT/MONEY)

1. If the opposing party is an individual, I am providing the full name of that individual Debtor who owes the money requested herein:

2. If the opposing party is a business, I am providing the full name of BOTH the business entity (including LLC/Inc./etc., as applicable), as well as the Debtor's Representative or Owner to whose attention the letter should be directed:

3. I request that you make the following demand on the opposing party and include in this the principal amount owed as well as any applicable interest.

4. Attached are the documents that support this debt. This could include (but is not limited to) a legible copy of any returned checks, invoices and/or work orders, which support the claim. (Please limit this to 10 pages, unless otherwise advised by attorney).

[Please remit a copy of the first invoice sent and any past due billings or letters sent. DO NOT SEND ORIGINALS. If the document you are sending contains very small print, you can enlarge the copy before you fax it to us, or send us a full-size photocopy in the mail.]

5. The opposing party (check one) **IS** or **IS NOT** a member of LegalShield, or **I DO NOT KNOW** if the opposing party is a member of LegalShield.

6. I understand that you will email a copy of the draft letter to me to review before it is sent to the opposing party. I further understand that you will not send a final letter until you receive my comments on your draft.

7. I want the final letter sent by (check one) 1) Delivery Confirmation (tracking but no signature); or 2) Certified Mail Return Receipt Requested (CMRRR); or 3) neither, just regular mail. I understand that

: 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

Please read the following statements carefully. By signing below, you are agreeing that the following statements are true. INCLUDING THE ADDITIONAL INFORMATION ON THE NEXT 2 PAGES, WHICH YOU MUST ALSO FILL OUT.

I certify that: I,

(name of member):

- a. Am providing a legible copy of documents, which support this claim;
- b. Complied fully with state and federal consumer credit laws;
- c. Calculated the amount due and it does not include any charges that exceed 6% per year on the outstanding principal balance, or any amount of interest that was not agreed to in the original agreement;
- d. Have not received any written or verbal notice from the debtor or their attorney advising me that debtor has filed for bankruptcy protection;
- e. Allowed all just and lawful offsets, payments and credits; and
- f. Am the above-noted Creditor, or am an owner or agent of Creditor and am authorized by Creditor to make a request for a collection letter to be sent on its behalf as stated above.

Signature

Date

IMPORTANT NOTICE 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 and will ask the recipient of the letter to respond directly to you. 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.

LIEN RIGHTS: This CAL does not apply to enforcing lien rights since specific time frames and procedures may apply. If you have specific lien rights you want to enforce, you must contact this office to discuss how to protect and enforce your lien, or you may lose your rights.

***** YOU MUST ALSO FILL OUT THE ADDITIONAL INFORMATION NEEDED ON THE NEXT 2 PAGES. *****

WE REQUIRE THE FOLLOWING ADDITIONAL INFORMATION PURSUANT TO NEW FEDERAL LAW. WE WILL NOT BE ABLE TO SEND A CONSUMER COLLECTION LETTER WITHOUT IT. PLEASE NOTE THAT YOUR SIGNED CERTIFICATION ABOVE APPLIES ALSO TO THIS ADDITIONAL INFORMATION. THIS INFORMATION MUST BE PRECISE AND ACCURATE (ALONG WITH THE DEBTOR AND CREDITOR NAME AND ADDRESS INFORMATION ABOVE), AND UNLESS STATED AS OPTIONAL, IS STRICTLY REQUIRED BY THE NEW FEDERAL FDCPA/CFPB RULE.

9. **Consumer or Business Debt?** Did Debtor incur the debt for Debtor’s business-related purpose? (Please note that “Debtor” is the *opposing* party we are writing the letter to; you, the one to whom the money is legally owed, are the “Creditor”; the question is asking about *their* purpose in incurring the debt, *not* yours.) If yes, put **Business Debt**, and we will *not* need the additional information below. Please specify the type of Debtor’s business if known. If, on the other hand, Debtor incurred the debt for their personal, family, or household use, put **Consumer Debt**, and we will need all of the additional information below.
10. **Other reference info?** For example, the tenancy address. This is optional if you think there is really nothing worth listing so Debtor will know what this debt is in reference to.
11. **Type of Debt?** For example, if applicable, you could put **tenancy**.
12. **Account Number?** What is the account number listed on the last statement noted in question 13 below? If the last statement only lists an invoice # but *no* account #, put **invoice/account # XXXXXX** (whatever # of invoice is); if it lists *both* an invoice # and an account #, put **account # XXXXXX** (whatever # of account is) and do *not* list invoice #; if it lists neither an invoice # nor an account #, put **NO account # or invoice #**.
13. **Itemization Date?** Attach the last dated statement itemizing the debt which you sent Debtor. Please redact debtor’s social security number or date of birth if listed. If you already got a judgment awarded by a court, just attach the judgment.
- a) What is the date on this last statement? **TO BE CLEAR, AS REQUIRED BY LAW, THIS IS THE DATE LISTED AT THE TOP OF THE LAST INVOICE YOU SENT THE DEBTOR. IT IS NOT THE LATER DATE THAT YOU SENT THAT INVOICE TO THE DEBTOR. THIS INVOICE CANNOT INCLUDE ON IT ANY CHARGES**

THAT WERE INCURRED AFTER THE DATE AT THE TOP OF THE INVOICE. LIKEWISE, THE ITEMIZATION BALANCE IN 14. BELOW IS THE AMOUNT OWED AS OF THE DATE ON THE INVOICE, I.E. THE TOTAL AT THE BOTTOM OF THE INVOICE, SO IT ALSO CANNOT INCLUDE ANY CHARGES INCURRED AFTER THAT DATE. SEE QUESTIONS 15, 16, and 17 BELOW REGARDING INTEREST AND FEES INCURRED SINCE THAT DATE, TO THE EXTENT THEY ARE ALLOWED BY THE CONTRACT SIGNED BY THE DEBTOR. ADDITIONAL CHARGES OTHER THAN INTEREST AND FEES, SINCE THE DATE LISTED ON THE INVOICE, REQUIRE A NEW INVOICE DATED AFTER THOSE ADDITIONAL CHARGES, TO BE SENT BY YOU TO DEBTOR. PLEASE MAKE SURE YOU ARE CORRECT AND PRECISE ABOUT ALL OF THE ABOVE, TO AVOID DELAY AND HAVING TO REDO THIS CAL AND THE INVOICE.

b) Did you send this last statement to Debtor already, and when? If not, you will need to do so now for us to use it under the new rule.

14. **Itemization Balance?** What is the amount due as listed on this last statement? Please note that if you are seeking to add additional charges (not including interest or fees as stated below) *since* this last statement (until the time you approve the final draft of the letter to go out), you will need to send an updated last statement to the debtor, then attach it here.

15. **Interest Since Itemization Date?** Since the date listed on the last statement until now (but NOT listed on the last statement), has any additional interest been incurred? If none, put \$0.00; otherwise state exact amount. If you want to charge interest, you must attach the contract and show us 1) the contractual term that allows the accrual of interest that would allow you to charge it; and 2) explain exactly how you calculated interest, at what rate, and from what date. You can email us this information if you need more room. You will also need to update this by email with any change between now and the time you approve the final draft of the letter to go out.

16. **Fees Since Itemization Date?** Since the date listed on the last statement until now (but NOT listed on the last statement), have any fees been incurred? If none, put \$0.00; otherwise state exact amount. You will also need to update this by email with any change between now and the time you approve the final draft of the letter to go out.

17. **Payments or Credits Since Itemization Date?** Since the date listed on the last statement until now (but NOT listed on the last statement), has Debtor made any payments or received any credits? If none, put \$0.00; otherwise state exact amount. You will also need to update this by email with any change between now and the time you approve the final draft of the letter to go out.
18. **Balance Due?** This is the amount due listed on the last statement, plus any interest or fees since then (as stated above), minus any payment or credits since then (as stated above). You will also need to update this by email with any change between now and the time you approve the final draft of the letter to go out.
19. **Your (Creditor's) Phone Number?** What is your phone number if you want debtor to be able to reach you by phone? This is optional, so if you don't want this, put **don't list my phone #**.
20. **Does the type of product or service provided for the debtor require a license?**Please specify the type of product or service and, if applicable, the type of license needed. Please also email us a copy of the license, valid for the dates both when the debt was contracted for and incurred. We will not be able to send a collection letter under the FDCPA for work that failed to have a needed license.
21. **If you/creditor are an LLC or Corporation, or are using a DBA/trade/fictitious name, is the name registered and in good standing with the state, and does it exactly (including "LLC" or "Inc.") match the name of the creditor you entered on the Creditor Information screen as well on as the last statement/invoice?** If not, please discuss with us to see if the collection letter can still be sent, and if so, with what prerequisites.
22. **Is this debt related to healthcare (including assisted living)?**
23. **If you answered YES to the above question (if not, put N/A), is the Debtor a "Qualified Medicare Beneficiary" (QMB)? If you state NO (not a QMB), you certify by stating so that you have closely reviewed the Debtor's/patient's health insurance card, and any Medicare Notice to determine this.**

This is the last question of additional information needed. Thank you!