

[Your Law Firm Name]
[Attorney Name]
[Address Line 1]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

[Debt Collector Name]
[Address Line 1]
[City, State, Zip Code]

RE: Notice of Representation and Request for Debt Validation

Creditor: [Name of Original Creditor]
Account Number: [Account Number]
Our Client: [Client Name]
Last Four of SSN: [####]

To Whom It May Concern,

Please be advised that this office represents [Client Name] regarding the above-referenced matter. Pursuant to the Fair Debt Collection Practices Act (FDCPA), 15 U.S.C. § 1692c(a)(2), you are hereby notified to direct all future communications regarding this debt to this office and to cease all direct contact with our client.

Under the FDCPA, 15 U.S.C. § 1692g, our client formally disputes the validity of this debt. We request that you provide a formal validation of the debt, including but not limited to:

- Proof that the debt is valid and the amount is correct.
- A copy of any judgment (if applicable).
- The name and address of the original creditor.
- A complete statement of account, including all interest and fees added.
- Evidence that your company is licensed to collect debt in [Client's State].

If you fail to provide the requested validation within thirty (30) days of receipt of this notice, you must cease all collection activities. Any continued attempts to collect this debt without providing proper verification will be considered a violation of the FDCPA.

Thank you for your immediate attention to this matter.

Sincerely,

[Attorney Signature]
[Attorney Name]
[Law Firm Name]