

[Your Law Firm Name]  
[Address Line 1]  
[Address Line 2]  
[City, State, Zip Code]  
[Date]

[Recipient Name]  
[Partner/Firm Name]  
[Address Line 1]  
[Address Line 2]  
[City, State, Zip Code]

**RE: NOTICE OF BREACH OF PARTNERSHIP AGREEMENT - NON-PAYMENT**

Dear [Recipient Name],

This letter serves as formal notice that you are in breach of the Partnership Agreement dated [Date Agreement was Signed] regarding your failure to fulfill required financial obligations.

Specifically, you have failed to make the following payments as stipulated in Section [Section Number] of the Agreement:

- Description of Payment: [e.g., Capital Contribution / Expense Reimbursement]
- Amount Due: \$[Amount]
- Due Date: [Date]

As of the date of this letter, the total outstanding balance is \$[Total Amount].

Pursuant to the terms of our Agreement, you are hereby requested to cure this breach by remitting the full amount of \$[Total Amount] to the firm no later than [Deadline Date, e.g., 10 days from receipt].

Failure to cure this breach within the specified timeframe may result in further legal action, including but not limited to the initiation of arbitration/litigation, seeking of interest, and/or the restructuring or dissolution of your partnership interests as permitted under the Agreement and applicable state law.

Please govern yourself accordingly.

Sincerely,

[Your Name/Authorized Partner Name]  
[Title]  
[Law Firm Name]