[Your Law Firm Name]
[Address Line 1]
[Address Line 2]
[Phone Number]
[Email]

[Date]

[Medical Lienholder Name]
[Lienholder Address]
[City, State, Zip Code]

RE: NOTICE OF WITHDRAWAL OF COUNSEL

Client: [Client Name]
Date of Loss/Injury: [Date]
Your Account/Reference #: [Account Number]

To Whom It May Concern:

Please be advised that this firm, **[Your Law Firm Name]**, no longer represents **[Client Name]** regarding the personal injury claim arising from the above-referenced incident.

As of this date, we have withdrawn as legal counsel. Consequently, we are no longer responsible for protecting your lien or handling any distributions related to this matter. Please update your records to reflect that we are no longer authorized to act on the client's behalf.

Future correspondence, bills, or lien inquiries should be directed to the client directly at the following address:

[Client Name]
[Client Mailing Address]
[Client Phone Number]

Please acknowledge receipt of this notice and provide a final statement of the current balance owed for our closed file.

Sincerely,

[Your Name/Signature]
[Your Law Firm Name]