[Your Name/Law Firm Name]
[Your Address]
[City, State, Zip Code]
[Phone Number]
[Email]

[Date]

[Successor Counsel Name]
[Law Firm Name]
[Address]
[City, State, Zip Code]

RE: Notice of Outstanding Letters of Protection (LOP)
Client: [Client Name]
Matter: [Case Description/Number]
Date of Incident: [Date]

Dear [Successor Counsel Name],

Please be advised that our firm previously represented [Client Name] regarding the above-referenced matter. During the course of our representation, our office issued several Letters of Protection (LOPs) to medical providers to ensure the client received necessary treatment.

Attached to this letter is a schedule of all outstanding LOPs issued by our firm. Please note that these documents constitute a binding agreement to withhold funds from any settlement or judgment to satisfy the outstanding medical provider balances.

By accepting this file, you acknowledge notice of these liens and LOPs. We request that you provide written confirmation that you will honor these LOPs upon the resolution of this case and that you will notify the providers of the change in counsel.

Additionally, please find enclosed our firm's itemized statement of costs and notice of our attorney's fee lien for work performed prior to the transfer of this file.

Should you have any questions regarding the status of these providers or the amounts owed, please contact our office.

Sincerely,

[Your Signature]

[Your Printed Name]

Enclosures:
1. Schedule of Outstanding LOPs and Medical Providers

2. Copies of Signed LOP Agreements
3. Itemized Statement of Costs/Lien Notice