

DATE: [Insert Date]

TO:

[Insurance Company Name]
[Adjuster Name/Claims Department]
[Address]
[City, State, Zip Code]

RE: NOTICE OF LIEN

Claimant/Plaintiff: [Insert Name]

Insured/Defendant: [Insert Name]

Claim Number: [Insert Number]

Date of Loss: [Insert Date]

To Whom It May Concern:

Please be advised that [Law Firm/Entity Name] hereby asserts a formal lien against any and all proceeds, settlements, or judgments arising out of the above-referenced claim or legal action.

This lien is asserted pursuant to [Insert Applicable Statute or Contractual Provision] for [legal services rendered / medical services provided / reimbursement of costs].

You are hereby instructed to include the name of [Law Firm/Entity Name] as a co-payee on any settlement checks, drafts, or payments issued in connection with this matter. No payment should be made to the Claimant without first satisfying this lien or obtaining a formal written release from our office.

Please acknowledge receipt of this notice by signing below and returning a copy to our office via [Email/Fax/Mail].

Sincerely,

[Authorized Signature]
[Printed Name]
[Title]
[Company/Law Firm Name]

ACKNOWLEDGMENT OF RECEIPT

The undersigned hereby acknowledges receipt of this Notice of Settlement Lien Claim.

Signature: _____ Date: _____