

Date: [Insert Date]

TO:

[Name of Creditor or Collection Agency]

[Street Address]

[City, State, Zip Code]

RE: NOTICE OF INTENT TO FILE A LAWSUIT

Account Number: [Insert Account Number]

Total Amount Claimed: \$[Insert Amount]

To Whom It May Concern,

This letter serves as formal notice of my intent to file a lawsuit against [Name of Creditor/Collection Agency] in [Name of County] Court due to your failure to resolve the disputed medical debt associated with the account referenced above.

I am initiating this legal action based on the following grounds:

- [Reason 1: e.g., Failure to provide validation of debt]
- [Reason 2: e.g., Reporting inaccurate information to credit bureaus]
- [Reason 3: e.g., Violation of the Fair Debt Collection Practices Act (FDCPA)]

I have previously attempted to resolve this matter through [List previous contact attempts, e.g., letters sent on Date, phone calls on Date], but the issue remains unresolved.

Final Opportunity to Settle:

Before I proceed with formal litigation, I am offering a final opportunity to resolve this matter out of court. I demand that you [State your demand, e.g., cease all collection activity, delete the item from my credit report, or provide a written apology and corrected balance] within [Number, e.g., 10] business days from the receipt of this letter.

If I do not receive a satisfactory response by [Insert Date], I will file a formal complaint with the court without further notice. I will also seek recovery for court costs, attorney fees, and any statutory damages allowed by law.

Govern yourself accordingly.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Address]

[Your Phone Number]