

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

[Date]

**SENT VIA CERTIFIED MAIL - RETURN RECEIPT REQUESTED**

[Recipient Name]  
[Recipient Address Line 1]  
[Recipient Address Line 2]

**RE: FORMAL DEMAND FOR PAYMENT - DISHONORED CHECK #[CHECK NUMBER]**

Dear [Recipient Name],

This law firm represents [Client Name] regarding a check issued by you on [Date Check was Written] in the amount of \$[Amount].

The check, numbered [Check Number] and drawn on [Bank Name], was presented for payment and returned by the financial institution unpaid, marked as [Reason for Return, e.g., Insufficient Funds/Account Closed].

Pursuant to [State Statute, e.g., California Civil Code Section 1719], demand is hereby made for the full face value of the check plus a service charge of \$[Service Fee Amount].

**TOTAL AMOUNT DUE: \$[Total Amount]**

Please be advised that if this amount is not paid in full within [Number of Days, e.g., 30] days from the date of this notice, our client intends to initiate a civil lawsuit against you. Under the laws of this state, you may be held liable for:

- The full amount of the check;
- Treble damages (three times the amount of the check);
- Attorney's fees and court costs.

To avoid further legal action, please deliver a cashier's check or money order made payable to "[Client Name or Law Firm Trust Account]" to our office at the address listed above.

Governing yourself accordingly,

Sincerely,

[Attorney Signature]

[Attorney Name]

[Law Firm Name]