

GENERAL AUTHORIZATION LETTER

This GAL does not apply to enforcing lien rights since specific time frames and procedures may apply. If you have specific lien rights you want to enforce, you must contact this office to discuss how to protect and enforce your lien, or you may lose your rights.

If your request concerns your *personal health information* and is subject to the Federal Health Insurance Portability and Accountability Act (Health Information Privacy Rule), you hereby authorize Framme Law Firm, PC to release this information as appropriate or helpful to comply with your request.

Dear Member:

You have asked that we send a letter or make a phone call on your behalf in this matter. Before we can comply with that request we need the following additional information and authorization. If you have not had your consultation with an attorney, after we have received this completed authorization, we will contact you to discuss your letter prior to mailing.

To: Framme Law PC Fax: (804) 649 2172

From: _____ Intake #: _____

Membership #: _____

Address: _____

Please issue a letter to the below named individual or business based upon the information provided below:

****EACH PARAGRAPH MUST BE COMPLETELY FILLED IN BEFORE A LETTER CAN BE SENT****

1. Full Name of Opposing Party: _____

2. Opposing Party's Address (if a business, we require full name of Opposing Party

Representative and/or Owner): _____

3. Do you want the letter sent by certified mail. Yes No

If I answered "yes", I will include a check for \$10.00 when I return this letter and my documentation to Framme Law Firm PC. Please make your check payable to "Framme Law Firm PC" and mail it to Framme Law Firm PC, 2812 Emerywood Parkway, Suite 220, Richmond, VA 23294 or call to pay by credit card over the phone.

4. A brief description of the facts that give rise to the need for this letter (please give dates and details of the occurrence): _____

5. The demand/request that you wish for us to make on the opposing party:

[NOTE: if this is a demand for money damages, please specify the total amount and how it was computed; principal, interest, repairs, cost of completion, etc.]

6. Please attach photocopies of any supporting documents, i.e., contract, prior letters, and invoices. **(DO NOT SEND YOUR ORIGINALS)**

7. Is the Opposing Party a plan holder or member of LegalShieldSM? Yes No Unknown

8. Would you like to review a rough draft of our letter before we send it out? Yes No

If yes, please circle one of the following to indicate how you would like to receive a copy of your rough draft: Email Mail Fax

_____/_____
Signature Date

This GAL will entitle you to one demand letter in this matter. Unless we have entered into a written fee agreement, we will not be representing you any further in this matter, including communicating with third parties or initiating litigation.