

**GENERAL AUTHORIZATION FORM & LEGALSHIELD MEMBER  
AFFIDAVIT FOR REQUESTED COLLECTION / DEMAND LETTER(S)**

**TO:** De Beaubien, Simmons, Knight, Mantzaris & Neal, LLP      **FAX #:** 407-420-2092  
PO Box 87, Orlando, FL 32802

**FROM:** \_\_\_\_\_      **MEMBER ID:**  
(full name of LS member)      **INTAKE#:**

=====

PLEASE PREPARE and mail a debt collection letter on my behalf to the following named individual or business (**circle one**), based upon the information provided below:

- 1) **Full Name** of Debtor: \_\_\_\_\_
  
- 2) (If debtor is a business) **Full Name** of the Debtor's Owner or Representative, and applicable **title** (i.e., sole proprietor, president, treasurer, agent, associate):  
\_\_\_\_\_  
(Letter will **not** be set without the full name/title of owner or representative)
  
- 3) Debtor's Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_
  
- 4) Total Amount of Debt: \$ \_\_\_\_\_
  
- 5) The total amount of this debt as specified in #4 above is comprised of the following sums (i.e., principal, interest, costs, returned-check fees):  
\_\_\_\_\_  
\_\_\_\_\_  
(All figures must precisely total the amount shown in # 4, above)
  
- 6) This debt was incurred and became due and owing as of the following date:  
\_\_\_\_\_.
  
- 7) \_\_\_\_\_ (Check if applicable). I wish for this debt collection letter to be mailed **via certified mail** in order to confirm receipt. I have enclosed a check or money order in the amount of **\$8.00** for the cost of same and I understand that this debt collection letter will not be mailed until after payment for the certified mail has been received and processed.

(\*\*NOTE: If your debt/claim is based on a writing of any kind (i.e., an agreement, contract, invoice, receipt, note, check, or other), then you **must** include also a complete legible copy of such writing(s). Include also a complete legible copy of any other documents that lend support to your claim, including any prior written demand(s). **DO NOT SEND ORIGINALS.**)

I, \_\_\_\_\_ (Name of Member or Business Authorized Representative)

**HEREBY AFFIRM AND CERTIFY THE FOLLOWING:**

**This debt is valid and subject to collection.**

**I have previously made formal demand(s) for payment of the debt upon the above-named debtor and that such demand(s) was/were unsuccessful; copy(ies) of any such written formal demand(s) is/are enclosed herewith.**

**I am providing with this affidavit a legible copy of any and all documents which support this debt and claim.**

**This debt/account receivable has not been assigned or sold to any third party.**

**I have not received any written notice from the debtor or his/her/its attorney advising me or my business that said debtor has filed for bankruptcy protection.**

**I hereby acknowledge that all of the information provided herein may be provided to the debtor upon request if said debtor disputes this debt.**

\_\_\_\_\_  
Signature of LegalShield Member or Authorized Representative

\_\_\_\_\_  
Date

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