

**DEMAND LETTER—ATTORNEY REFERRAL**

TO: Hutchinson Cox  
940 Willamette Street, Suite 400  
Eugene, OR 97401  
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**Part 1. Debtor(s) Information**

Debtor: \_\_\_\_\_ SSN: \_\_\_\_\_

DOB: \_\_\_\_\_

License State: \_\_\_\_\_ License Number: \_\_\_\_\_

Address: \_\_\_\_\_

Prior Bankruptcy Filing: No  Yes  If Yes, Chapter: 7 11 13

If Yes, Case Number: \_\_\_\_\_

Debtor: \_\_\_\_\_ SSN: \_\_\_\_\_

DOB: \_\_\_\_\_

License State: \_\_\_\_\_ License Number: \_\_\_\_\_

Address: \_\_\_\_\_

Prior Bankruptcy Filing: No  Yes  If Yes, Chapter: 7 11 13

If Yes, Case Number: \_\_\_\_\_

Account Number(s): \_\_\_\_\_

Collateral: \_\_\_\_\_

**Part 2. Default Information**

• Account PRINCIPAL Balance (Excluding Accrued Interest): \$ \_\_\_\_\_

• Accrued Interest to \_\_\_\_\_ (Date): \$ \_\_\_\_\_

• Interest Accrues from \_\_\_\_\_ (Date) on PRINCIPAL Balance at \_\_\_\_\_ percent per annum

• Regular Payment Due Date: \_\_\_\_\_

• Amount of each Installment: \$ \_\_\_\_\_

• Amount of TOTAL Arrearage Owing: \$ \_\_\_\_\_

(This is all past due payments, principal and interest—what it would take to bring the account current)

• Monthly Breakdown of TOTAL Arrearage Owing:

- Amount of TOTAL Late charges included in Arrearage above: \$ \_\_\_\_\_
- Monthly breakdown on unpaid late charges:

**Part 3. IMPORTANT DOCUMENTS YOU NEED TO ATTACH**

- Promissory note or contract (copy)
- Security agreement (copy)
- Certificate of title (copy) or trust deed (copy), if any

**Part 4. Tell us what else you think we should know (attach extra sheet if necessary)**

**Part 5. Contact Information**

Contact/Rep: \_\_\_\_\_

Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Fax No: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Date: \_\_\_\_\_

By: \_\_\_\_\_

PLEASE NOTE: If a demand letter is sent by our office, we cannot take any legal action against the debtor for 30 days from the date of the letter, pursuant to the Federal Fair Debt Collection Practices Act.