

General Authorization Letter

Dear LegalShield Member:

You asked this office to send a letter on your behalf in the legal matter indicated on the next page. Before we will send the letter, we need the following additional information from you and your signed authorization that the letter may be sent:

1. If your claim is for money, you certify to the best of your knowledge and belief the person/business owes you the amount you are demanding herein.
2. You are advising us that you do not already have an attorney representing you in this matter.
3. You did not receive any written or oral notice from the opposing party/business nor from any attorney indicating the opposing party filed for bankruptcy protection.
4. You are not aware of any type of protection order or injunction which prohibits or otherwise restricts you from directly or indirectly
 - (A) Contacting the other party OR
 - (B) Prohibits the other party from contacting or responding to you.
5. You already made a demand for payment from the opposing party and such demand was unsuccessful (if you are claiming money owed to you or your business as a result of a business/commercial transaction with the person, and the person is an individual, not another business) and you are not aware the opposing party is represented by an attorney for this matter.

Please Note: If you would like your letter sent via Certified Mail - Return Receipt Requested, please remit \$15.00 for postage and handling fee. **(If you intend to pursue your claim in Small Claims Court, then sending the letter by Certified Mail-Return Receipt Requested, is required by the court.)**

Please return form to:

Dempsey, Roberts & Smith, Ltd.
1130 Wigwam Parkway
Henderson, Nevada 89074

Fax: (702) 388-2519
E-mail: nvdocs@drsLtd.com (all lowercase)

***** BEFORE WE WILL SEND A LETTER *****

EACH ITEM MUST BE COMPLETELY FILLED IN AND THIS FORM SIGNED

NAME: _____ INTAKE #: _____

ADDRESS: _____

MEMBERSHIP #: _____ PHONE #: _____ FAX: _____

E-MAIL: _____

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

1. Full Name of Opposing Party: _____
_____.

2. Opposing Party's Complete Address including zip code (if a business, we require full name if Opposing Party Representative and/or Owner): _____
_____.

3. A brief & legible description of the facts that give rise to the need for this letter (please give dates and details of the occurrence, use separate sheet of paper if necessary): _____

_____.

4. The demand that you wish for us to make on the Opposing Party (NOTE: if this is a demand for damages, please specify the TOTAL amount and how it was computed; principal, interest, repairs, costs of completion, etc.): _____

_____.

Signature: _____ **Date:** _____

This GAL does not apply to enforcing lien rights, since specific time frames and procedures may apply. If 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.

Please attach photocopies of any supporting documents **up to 10 pages**, i.e., contract, prior letters, invoices.

(DO NOT SEND YOUR ORIGINALS.)

You will be sent one DRAFT for your review and approval. A signed authorization of the DRAFT must be received before a letter is finalized and sent.

Please select your preference:

Fax

U.S. Mail

E-mail