

# [Demand Letter Template]

[Law Firm Name]  
[Address]  
[Phone] | [Email]

**Date:** [Insert Date]

**To:** [Insurance Company / Adjuster Name]

**Re:** [Client Name] – [Date of Incident]

**Claim #:** [If applicable]

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Dear [Adjuster Name],

I represent [Client Name] regarding injuries sustained on [date] at [location].

Your insured, [Name], was responsible for the incident due to: [brief explanation of fault].

As a result, my client suffered:

- **[Injury #1]**
- **[Injury #2]**

They received treatment at [provider(s)] and continue to experience ongoing effects, including [brief explanation of symptoms]. Costs include:

- **Medical Expenses:** [\$X]
- **Lost Wages:** [\$X]
- **Other Damages:** [\$X]

This letter serves as a formal written demand for immediate payment in the amount of [\$total amount] to resolve this matter. Please respond within [X days]. If we do not receive a timely response, we will be pursuing legal action.

Sincerely,  
[Attorney Name]  
[Law Firm Name]