

APPENDIX D-5—LETTER REQUESTING DEBT VALIDATION

For use when you are contacted by a debt collector (but not a health care provider) about a debt by any means including telephone, mail, email, via social media or even in-person.

Send this letter as soon as possible and within 30 days of when a debt collector contacts you the first time about a debt. This is important because, under the Federal Fair Debt Collection Practices Act, your legal rights to obtain verification information from a debt collector are greater during the 30-day period.

When a debt collector is asking you to pay money, you're entitled to ask for details. The sample letter below will help you to get details on the following:

- Why a debt collector thinks you owe this debt.

- The amount of the debt and how old it is.

- Details about the debt collector's authority to collect this money.

A debt collector may not have a legal obligation to provide all of the information you seek, even if requested within the 30-day period. If they do not give you what you request, that doesn't necessarily mean they have broken any laws or have given up a legal right to collect from you.

Fill in the bracketed information and customize to fit your specific situation. Then delete the brackets.

Send the letter via certified mail, return receipt requested to prove that the debt collector received it and when. Retain a copy for your records.

Once you receive a response, review it carefully and if it does not adequately validate the debt, send a follow up letter pointing this out. Also do so if they do not respond at all.

If the debt collector makes vague statements about what will happen if you do not pay, read their response to your letter carefully. If they tell you that they intend to sue you, you should take that seriously. Federal law prohibits a debt collector from threatening to take any action they can't take or that they don't intend to take.

Failure to respond to you or to respond adequately might be a violation of the Fair Debt Collection Practices Act or FDCPA and if it seems to be, you can file a complaint about it with the Consumer Financial Protection Bureau or CFPB.

If they do respond fully but do so after their 30-day deadline for responding has passed, send a follow up letter stating that pursuant to the FDCPA, the debt is deemed invalid.

If possible, consult a lawyer to assist you.

(Your Name)
(Your Street Address)
(Your City, State, Zip Code)
(Your Phone Number)
(Your Email Address)

(Date)

(Debt Collector Name)
(Debt Collector Address)
(Debt Collector City, State, Zip Code)

RE: (Account Number the debt collector referenced if any)
Formal Request for Debt Validation Under the Fair Debt Collection Practices Act

To Whom It May Concern:

This letter responds to your (letter/phone call/email) dated (Date of initial communication from debt collector) regarding an alleged debt in the amount of (Amount).

I dispute the validity of this debt and request debt validation under the Fair Debt Collection Practices Act (FDCPA), 15 U.S.C. § 1692g. This is not a refusal to pay, but a formal request for additional information so that I can determine whether I am legally obligated to pay this debt.

To validate this debt, the following information is required:

1. The name and address of the creditor to whom the debt is currently owed, the account number, if any, used by that creditor.
2. If this debt started with a different creditor, the name and address of the original creditor/ health provider, the account number, if any they used, and the amount of the debt at the time they transferred or assigned the debt. Also, please provide a copy of the last billing statement sent to me by that original creditor.
3. The name and address of any intervening creditor or creditors, any account numbers relating to the debt and the amount of the debt at the time of each transfer or assignment.
4. The exact amount claimed to be currently owed.
5. Verification that you have the legal right to collect this specific debt, including any documentation showing that the debt was transferred or assigned to you by the original provider or by other person who owed the debt or had the legal right to collect the debt.

6. A copy of the original contract or agreement that created the debt, which in the case of medical debt would likely be any document agreeing to pay for the health services to the extent not covered by insurance.

7. If you are asking that I pay a debt that somebody else is or was required to pay, identify that person. Provide verification and documentation about why this is a debt that I am required to pay.

8. Set forth a detailed transaction history from the original creditor to the present, showing the original amount of the debt, any payments or adjustments made, and any additional interest, fees or other charges added to it, along with the date of each such interest, fees or charges, resulting in the current amount of the claimed debt. In addition, explain how the added interest, fees or other charges are expressly authorized by the agreement creating the debt or are permitted by law.

9. State whether you have determined if the claimed debt is within the statute of limitations and if so, explain the basis for that determination including what you believe the applicable limitations period to be, the date of the last payment made on the debt, the claimed date of default and provide any supporting documents.

The FDCPA requires that once I make this request, all collection activity against me must cease until the requested validation information is provided. If the debt is not validated within 30 days, the debt will be assumed invalid, and all collection activity must end.

Records of all correspondence with you will be kept, and any violations of the FDCPA will be reported to the appropriate authorities.

Thank you for your cooperation. A response is expected within 30 days.

Sincerely,

(Your Signature) _____

(Your Typed Name)