[DATE]

Attorney of Collection Agency

Address

Address2

Country

City/Province

Zip/Postal Code

**RE: REQUEST FOR MOST RECENT STATUS REPORT**

Dear [CLIENT NAME],

Please update us on the status of the collection efforts on the following case(s) previously turned over to you:

|  |  |  |  |
| --- | --- | --- | --- |
| ACCOUNTS | ACCOUNT No. | DATE DUE | AMOUNT DUE |
|  |  |  |  |
|  |  |  |  |

Kind regards,

[NAME]

[TITLE]

[CONTACT NUMBER]

[COMPANY EMAIL]