

# **JOHNSON & ASSOCIATES**

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Date: 08/13/2019

State Farm  
Claims Department  
P.O. Box 12345  
Houston, AZ 72256

**RE: Demand for Settlement - John Garcia**

Claim Number: CLM-AU0176  
Date of Loss: 08/11/2019  
Your Insured: John Garcia

Dear Claims Adjuster:

This firm represents John Garcia in connection with the above-referenced claim. On 08/11/2019, our client sustained injuries and property damage as a direct result of the incident described in your claim file. Our client has incurred substantial medical expenses lost wages, and continues to suffer from pain and limitations in daily activities.

**DAMAGES SUMMARY:**

Medical Expenses: \$33,515  
Lost Wages: \$9,674  
Property Damage: \$34,384  
Pain and Suffering: \$58,710

**TOTAL DEMAND: \$85,490**

This demand is made in good faith based on the injuries, damages, and losses sustained by our client. We request that you respond to this demand within 30 days of receipt. Should you fail to respond appropriately, we are prepared to pursue all available legal remedies including filing

Please direct all communications to our office.

Sincerely,

**Robert Williams, Esq.**  
Johnson & Associates  
Attorney for John Garcia