Date		
		(Your Name)
		(Your Address)
		(Your City, State, Zip Code)
(Name	of Debt Collector)	
(Addres	ss of Debt Collector)	
(City, S	tate, Zip Code of Debt Collector)	
Sent via Re:	a certified mail, return receipt requested Request to Stop Collection Efforts Debtor: Account No: Balance:	
To who	m it may concern:	
	iting to say I cannot make payment arrangements on the accordance in the control of the control	ount above, and to ask that you stop trying to collect
	Individual Retirement Accounts; Social Security benefits; Social Security disability payments; SSI payments; Family Independence Program (FIP) grants; General Assistance benefits; Unemployment Compensation; VA benefits; Worker's Compensation benefits; Cash value of life insurance policies payable to the solution income benefits under the Michigan Civil Service Account income benefits under the Michigan Retirement Act; U.S. Civil Service Retirement benefits; Pensions covered by ERISA.	et;
My only	assets are:	
	A bank account consisting entirely of SSI, per 42 US Survivors or Disability Income benefits, per 42 USC Otherwise exempt, pursuant to MCLA 600.6023.	
necessa	f my income is enclosed, and I swear that all of my limited inc ary medical expenses. I have no money left to make paymen cannot be garnished.	
	he circumstances, I ask that you immediately stop all attempt you for your cooperation. If you have questions, please contain	
		Sincerely,
		(Type or print your full name)