

# Request for Debt Management Counseling Services

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Counseling Service Provider's Name]

[Provider's Address]

[City, State, Zip Code]

Dear [Counseling Service Provider's Name],

I am writing to formally request debt management counseling services. I am currently facing financial challenges and would like assistance in managing my debts effectively.

My financial situation has become increasingly difficult, and I believe that with professional guidance, I can develop a feasible plan to alleviate my debt. I am particularly interested in understanding my options for debt consolidation or negotiation with creditors.

I would appreciate it if you could provide information regarding your services, including any fees and appointment availability. Additionally, if there are forms or documentation I need to prepare prior to our meeting, please let me know.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]