

**Attorney Authorization**

I, \_\_\_\_\_, hereby designate and authorized the  
(Claimant)

law offices of \_\_\_\_\_ to represent me in

place and stead, and continue any and all claims which have been filed or will be filed

arising from: \_\_\_\_\_

(Incident)

\_\_\_\_\_

which occurred on \_\_\_\_\_.

(Date)

Executed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

at \_\_\_\_\_.

\_\_\_\_\_  
Signature of Claimant