

**AUTHORIZATION FOR DISCLOSURE OF CONFIDENTIAL INFORMATION**

I, CLIENT, DOB <dob>, hereby authorize ATTORNEY to disclose to the LAW OFFICE OF MATTHEW S. PINIX, LLC, or any agent acting on behalf thereof, any confidential information in my client file, including any information that may be protected by the lawyer/client privilege or by the confidentiality requirements of Wis. Sup. Ct. Rule SCR 20:1.6.

Additionally, I, CLIENT, DOB <dob>, hereby authorize ATTORNEY to disclose to the LAW OFFICE OF MATTHEW S. PINIX, LLC, or any agent acting on behalf thereof, the contents of any verbal communications between myself, or any agent acting on my behalf, and ATTORNEY, or any agent acting on <HIS/HER> behalf, that may be protected by the lawyer/client privilege or by the confidentiality requirements of Wis. Sup. Ct. Rule SCR 20:1.6.

Furthermore, by provision of this authorization to ATTORNEY, I affirmatively request that ATTORNEY turn over to the LAW OFFICE OF MATTHEW S. PINIX, LLC, the contents of my legal file, pursuant to Wis. SCR 20:1.16(d)

This authorization remains in effect for so long as the LAW OFFICE OF MATTHEW S. PINIX, LLC is providing legal representation to me in <COUNTY> County case number <NUMBER>.

A copy of this signed and dated authorization is to have the same effect as the original.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_

CLIENT