

**AUTHORIZATION TO DISCLOSE LAWSUIT INFORMATION
TO TG HERRON.**

Client Name: _____

Client Social Security Number: _____

Client Date of Birth: _____

Case name: _____

1. I authorize the use or disclosure of the above named individual's lawsuit information as described below:

2. The following individual, organization, or law firm to make the disclosure:

Address: _____

I further understand that if I release this law firm at any time prior to the final conclusion and disbursement of funds in my case, that this authorization shall automatically transfer over to and be valid as to any subsequent law firm retained by me or associated by my counsel for all purposes in the above listed case.

3. The type and amount of information to be used or disclosed includes all aspects of my case, including, but not limited to, the following:

<input checked="" type="checkbox"/>	History of case
<input checked="" type="checkbox"/>	Filing information and Progress Notes
<input checked="" type="checkbox"/>	Medical Information and Conditions
<input checked="" type="checkbox"/>	Medical Bills
<input checked="" type="checkbox"/>	Wage Loss
<input checked="" type="checkbox"/>	Damages information
<input checked="" type="checkbox"/>	Lien information (both medical and otherwise)
<input checked="" type="checkbox"/>	Billing Summary and Costs Incurred
<input checked="" type="checkbox"/>	Anticipated Recovery
<input checked="" type="checkbox"/>	Attorney fee and agreement
<input checked="" type="checkbox"/>	Settlement offers
<input checked="" type="checkbox"/>	Settlement statements
<input checked="" type="checkbox"/>	Case File Contents

4. I understand that the information in my file may include information that is protected by the attorney-client privilege and/or work product doctrine. By disclosing information in my file to the above entity, I in no way waive nor intend to waive either of these privileges. I further direct that all information disclosed to the above named entity be kept confidential and not disclosed to any other person or entity.

5. This information may be disclosed to and used by the following individual or organization:

TG Herron.

Address: PO Box 56, Elgin, SC 29045

Fax/Email: 800-792-7710 - TomHerron@TomHerron.com

For the purpose of: Lawsuit funding analysis and monitoring of case progress through final settlement

Client expressly prohibits the release of this information to any person or entity other than TG Herron and their agents, servants or employees.

Signature of Client

Date

If Signed by Legal Representative, Relationship to Client

Signature of Witness