



AUTHORIZATION TO COMMUNICATE WITH OTHER PROFESSIONALS INVOLVED IN MY COLLABORATIVE CASE

I recognize that the professionals on my Collaborative case are a team, working together to assist my spouse and me to achieve a mutually agreeable settlement. I understand that in order for the team members to maximize their effectiveness, communication between professionals about all matters relevant to the case is essential. Thus, I hereby authorize the following professionals to communicate with each other about any and all matters relevant to my case, and freely and voluntarily waive any right to confidentiality of information I may have regarding such matters:

- _____, **Attorney**
- _____, **Attorney**
- _____, **Coach**
- _____, **Child Specialist**
- _____, **Financial Professional**

A copy of this Authorization shall be equivalent to the original. This authorization may be revoked by me at any time in writing sent to the above-named professionals.

Date: _____
Client

THIS AUTHORIZATION IS VALID FOR UP TO ONE HUNDRED AND EIGHTY DAYS (180) DAYS FROM THE DATE OF SIGNING.