**\*\*\*, ESQUIRE**

**Conservator for \*\*\***

 **[Address]**

**\*\*\*\*\*\*\*\*\*\*\*\*, PA \*\*\*\*\***

**(\*\*\*) \*\*\*-\*\*\*\* (phone)**

**(\*\*\*) \*\*\*-\*\*\*\* (fax)**

**Email: \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

\*\* REQUIRED \*\*

AUTHORIZATION FOR RELEASE OF ORIGINAL FILE

FROM PRIOR COUNSEL

I,                                               , hereby authorize and direct \*\*\*\*\*, Esquire, to send my original file, containing any and all documents that are in any way connected with or related to my legal matter, immediately upon receipt of this authorization. The address to which I wish these materials to be sent is furnished below. (If you have retained substitute counsel and want the file mailed to your new attorney, provide the attorney’s name and address on this form.) **All clients must sign this form and attach a copy of their driver’s license or other proof of identification.**

                    \_\_\_\_\_\_

Date Signature

                    \_\_\_\_\_ \_

Telephone number Name (Please Print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your email address Signature of Second Client

 Name (Please Print)

**ADDRESS TO WHICH FILE IS TO BE SENT:**

**RETURN TO:**

\*\*\*, Esq.

Conservator for \*\*\*

[mailing address]

\*\*\*\*\*\*\*\*, PA \*\*\*\*\*\*

FAX: (\*\*\*) \*\*\*-\*\*\*\*

EMAIL: \*\*\*\*\*\*\*\*\*\*