
CLIENT CONSENT AND AUTHORIZATION

Please be advised that I have retained the law firm of **TSN Law** to act as my solicitor in family law proceedings.

Please accept this signed document as your authorization and instructions to turn over such financial or other information as they may request and require for filing or preparing documents. Please note this information will be subject to our confidentiality policies and will only be used in the proceedings for the file noted below.

My name is _____

I live at _____

My social insurance number is _____

I ASK AND AUTHORIZE YOU to send requested information to:

TSN Law
217 First Street West
Box 850
Nipawin, SK. S0E 1E0
Phone:(306) 862-3111
Fax:(306) 862-2560

Signature of client

Date of Signature

Telephone number

Lawyer in charge of file: _____

File: _____