

**FORM # 6**

**INFORMATION RELEASE FORM**

The undersigned has retained the law offices of MORGAN D. KING (“Attorney”), California State Bar # 50887, to represent her in reviewing her potential civil remedies in connection with any of her medical, debt, tax, and/or business related matters.

Attorney has explained that in order to provide full disclosure it may be necessary for Attorney to obtain information, for which Attorney requires my permission. Attorney promises to keep such information, including my identity, medical, employment, and financial information confidential to the extent allowed by the California Rules of Professional Conduct; Attorney is authorized to share such information with such other individuals as he may, in his professional discretion, deem necessary.

Accordingly, I hereby authorize any entity possessing the following documents or information to provide orally or in writing, or provide true or certified copies of requested documents, to Attorney<sup>1</sup> upon his/her request, and authorize him to obtain:

- Online public records search for liens, judgments, assets, credit report, etc.
- Employment records
- Medical records, opinions, or information regarding her health and medical conditions, including diagnosis, prognosis, treatment and etc..
- Tax transcripts and other tax documents or information
- Financial information
- State court civil & criminal filings (e.g., divorce, lawsuits, etc.)
- Driver’s license information
- Any other document reasonably necessary for the purposes of enabling Attorney to review my situation.

DATE: \_\_\_\_\_ SSN: \_\_\_\_\_

[PRINT NAME] \_\_\_\_\_ DOB: \_\_\_\_\_

SIGNED:  X \_\_\_\_\_

SPOUSE (if any): DATE: \_\_\_\_\_ SSN: \_\_\_\_\_

[PRINT NAME] \_\_\_\_\_ DOB: \_\_\_\_\_

SIGNED:  X \_\_\_\_\_

<sup>1</sup> Authorization extends to any member of Attorney’s regular office staff as well as such independent professional(s) as Attorney may supervise and delegate to obtain documents and information in connection with my matter.