

**AUTHORIZATION FOR LEAVING TELEPHONIC MESSAGES  
MAIL NOTIFICATIONS AND ALTERNATIVE COMMUNICATIONS**

I, \_\_\_\_\_, CLIENT, hereby authorize the Law Offices of Ronald M. Supancic, to use the following facsimile, home answering machine, and voice mail, cell and phone numbers listed below and send messages pertaining to my case on the e-mail listed below.

I understand that documentation sent on home/office facsimile, answering machine(s), through e-mail, or voice mail may be of a sensitive nature and may include confidential and/or privileged information as well as information concerning the attorney client relationship. I understand that third parties, including but not limited to, the opposing party, may intercept some or all of these communication channels. However, for purposes of expediency, I hereby authorize the Law Offices of Ronald M. Supancic to utilize the numbers and communication listed below.

This authorization shall change or terminate when revoked or changed by me in writing.

Dated: \_\_\_\_\_  
  Print Name here    Signature here

Authorized facsimile number:  None or \_\_\_\_\_

Authorized home answering machine:  None or \_\_\_\_\_

Authorized voice mail phone number:  None or \_\_\_\_\_

Authorized e-mail address:  None or \_\_\_\_\_

Secondary e-mail address:  None or \_\_\_\_\_

Authorized cell phone number:  None or \_\_\_\_\_

Authorized pager number:  None or \_\_\_\_\_

Authorized P.O. Box address:  None or \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

We have to communicate to you constantly with sensitive persona, financial and privileged documentation, so this Authorized main mailing address must be both secure from that standpoint and where you are sure to receive your mail immediately:

Home or Business address  circle one ] :

\_\_\_\_\_  
Street Address

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_