

# Client Authorization of Concurrent Representation

This document confirms that I, the undersigned client, have been informed by my attorney about potential concurrent representation involving another client with potentially conflicting or differing interests.

I acknowledge that my attorney has fully disclosed the nature of the concurrent representation, the possible effects on the representation, and the potential risks involved, including but not limited to, the possible limitation of the attorney's ability to advocate for one client over another and maintain confidentiality.

I have been given the opportunity to ask questions regarding this concurrent representation and have received satisfactory explanations.

Client Name:

Date:

Signature:

I hereby authorize the concurrent representation as described above.

If you have any questions or concerns regarding this authorization or wish to revoke your consent, please contact your attorney immediately.