

Stuart Showalter
Child Custody Coach
P.O. Box 374
Lebanon, IN 46052-0374
317.474.3143
Stuart@StuartShowalter.com

Consent to Release of Information and Waiver of Attorney Client Privilege

The undersigned, _____, does hereby authorize and release attorney, _____, from maintaining his or her attorney-client confidentiality for the purpose of discussing any matters with Stuart Showalter and releasing his or her case information to Mr. Showalter. The undersigned further acknowledges that discussing matters in the presence of Mr. Showalter constitutes a waiver of the attorney-client privilege and that Mr. Showalter may be compelled to testify or otherwise disclose such matters to a judicial or law enforcement body.

The undersigned consents to and agrees that the aforementioned attorney and Mr. Showalter may, at their discretion, initiate communication with each other outside of the presence of the undersigned. Further, that your undersigned will be responsible for any fees associated with such communication.

The undersigned may revoke this consent at any time by any means.

So executed this _____ day of _____, 20_____.

Client Signature