

Take Charge, Inc.

14700 Metcalf, Suite 100 Overland Park, KS 66223

913-239-8255

AUTHORIZATION TO RELEASE/RECEIVE COMMUNICATION IN MEDIATION

I recognize Mediator professionals retained to work on my case may need to communicate with one another regarding matters relevant to the case. I understand all such communications maximizes the effectiveness of achieving a mutually agreeable settlement through the collaborative/coaching method.

I authorize each of the professionals listed below to communicate with one another about any and all matters relevant to my case and to disclose information about my case deemed necessary and appropriate. I freely and voluntarily waive the right to confidentiality of information I have regarding the matter of communication between these professionals.

A copy of this authorization shall be equivalent to the original. This authorization may be revoked by the client at any time in writing to **Take Charge, Inc.** This authorization expires without further action 180 days from the date of signing.

Attorney: _____

Phone: _____

Email: _____

Child Specialist: _____

Phone: _____

Email: _____

Attorney: _____

Phone: _____

Email: _____

Financial Specialist: _____

Phone: _____

Email: _____

Other Professional: _____

Phone: _____

Email: _____

Client Signature: _____

Date: _____

Client Signature: _____

Date: _____