

Date: August _____, 2024

VIA PERSONAL DELIVERY

CONSENT TO WAIVE ATTORNEY CLIENT PRIVILEGE

I, (Client Name), hereby consent to waive the attorney-client privilege with respect to the involvement of my _____ friend _____ (relationship), _____ eric jones _____ (name), in my family law matter pertaining to my legal representation by H Bui Law Firm.

Purpose:

This waiver allows my _____ friend _____ (relationship), _____ eric _____ (name), to:

1. Be present during meetings between myself and my attorney.
2. Communicate with my attorney via email and phone regarding my family law matter.

Understanding of Waiver:

I understand that the attorney-client privilege is a legal concept that protects communications between a client and their attorney from being disclosed to third parties. By signing this waiver, I acknowledge that I am relinquishing this protection regarding any discussions or communications that involve the third party I have named above.

Scope of Waiver:

This waiver specifically allows my _____ friend _____ (relationship), _____ eric jones _____ (name), to be present during all meetings between myself and my attorney, and to communicate with my attorney on my behalf via email and phone regarding the details of my case.

Settlement Communications:

I understand that Rule 1.4.1 of the California Rules of Professional Conduct states in part that my attorney has a duty to promptly communicate to me, not to third parties, all amounts, terms, and conditions of any written offer of settlement made to me.

Attorney and Client Communications:

I understand that Rule 1.4 of the California Rules of Professional Conduct states in part that my attorney has a duty to consult with me, not third parties, about my objectives in this legal representation.

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Avoiding the Representation of Adverse Interests:

I understand that Rule 3-310 of the California Rules of Professional Conduct states in part that my attorney “shall not accept compensation” for my legal representation from a third party unless: (1) There is no interference with the attorney’s “independence of professional judgment or with the client-lawyer relationship”; and (2) “Information relating to representation of the client is protected as required by Business and Professions Code section 6068, subdivision (e)”; and (3) My attorney obtains my informed written consent.

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Confidentiality:

While I understand that my attorney will maintain confidentiality to the extent possible, I acknowledge that any information shared in the presence of or communicated through the third party I have named above, may not be protected by the attorney-client privilege.

Revocation of Waiver:

I understand that I have the right to revoke this waiver at any time by providing written notice to my attorney. Such revocation will not affect any disclosures made prior to the revocation.

No Obligation to Share:

My attorney is under no obligation to share all details of my case with the third party I have named above and will use professional judgment to determine what information is pertinent and appropriate to share.

By signing below, I acknowledge that I have read and understand the terms of this waiver, and I consent to waive the attorney-client privilege as specified above.

Sincerely,

Signed by:



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(Client Name) Nuha Sayegh

11/17/2025 | 3:41:32 PM PST