**ATTORNEY AUTHORIZATION**

I, {{ users[0] }}, hereby authorize {{ attorneys }}, {{ attorneys\_address }}, {{attorneys\_city }}, Massachusetts, and/or any attorneys, legal assistants, and law students designated by said attorney as appropriate, to act as my legal counsel. I authorize them to secure any information or documents that may be contained in any file, private or public, pertaining to my dispute with {{ other\_parties }}. This authorization is valid for one year from the date of this document.

{%p if i == 'final' %}

{{ users[0].signature }}

{%p endif %}

Client Signature

{{ users[0] }}

Client Printed Name

{{ signature\_date }}

Date

{%p if i == 'final' %}

{{ witnesses[0].signature }}

{%p endif %}

Witness Signature

{{ witnesses[0] }}

Witness Printed Name

{{ signature\_date }}

Date