

FILE RETRIEVAL & AUTHORIZATION TO RELEASE COPIES/INFORMATION



I am a former Client of the Law Offices of Ernest Kim/the Law Offices of John M. Gustafson ("Law Firm"). My information is **(PLEASE COMPLETE AS MUCH AS POSSIBLE FOR FILE SEARCH)**:

Former Client's Name:	(If married) Spouse's Name:
Address on File:	(If different) Current Address:
Client's Phone:	(If married) Spouse's Phone:
Client's Date of Birth:	(If married) Spouse's Date of Birth:
Client's Email:	(If married) Spouse's Email:
I confirm that I (choose one) : <input type="checkbox"/> HAVE <input type="checkbox"/> DON'T HAVE my original documents.	

By my signature below, I request and authorize Law Firm to locate and release copies of the document(s)/information indicated, below, to the following authorized Recipient:

RECIPIENT's Name:	(if applicable) COMPANY Name:
Address:	
Delivery Method (choose one) : <input type="checkbox"/> Email via expiring link (30 days) to email: _____ <input type="checkbox"/> U.S. Mail to current address only (additional copy and postage fees applicable) <input type="checkbox"/> Fax to _____	

I authorize the following Documents/Information Copies be Released, and understand that Copies do not replace Original Documents **(check all that apply)**:

Trust | Will(s) | Power(s) of Attorney | Advance Healthcare Directive(s) | Certification of Trust | Deed

Community Property Advisory | Other (specify document(s)): _____

In order to proceed with this request, I/we will call the Law Offices of Ernest Kim at 949-975-1870 to process credit card payment for the requested file retrieval/service fees of \$ 100 _____.

I understand that it is Law Firm's practice to provide all original documents to its Clients at the time services were provided, and that this authorization is for **ONE** retrieval and forwarding of document COPIES (if any); subsequent requests are **NOT** covered by this authorization. I understand that documents emailed will be sent via **secure link** through which I will immediately download and **SAVE** documents to my own computer, and that for security reasons, that email link will **EXPIRE** in 30 days from the date sent to me. I authorize Law Firm to accept a scan/copy of this signed Authorization Form and all attachments/my identification as if they were the originals presented in person. I understand the security of the chosen delivery method cannot be guaranteed and that I/we assume sole responsibility for safeguarding the released documents/information.

I am attaching a copy of my valid government issued photo ID.

Date: _____ Requestor's Signature: _____