

**WISCONSIN JUDICARE, INC.
AUTHORIZATION AND CERTIFICATION FORM**

This form must be signed in two places on the lines below and returned to Wisconsin Judicare, Inc. No payment of attorney's fees will be made unless this form has been received by Wisconsin Judicare.

1. Your first and last name _____
(Please print)

2. I certify that the information supplied to Wisconsin Judicare, Inc. to obtain legal services is true and accurate to the best of my knowledge.

3. I understand and agree to the following:

Federal law requires Wisconsin Judicare, Inc. (WJ), to give federal officials that are auditing or monitoring WJ's activities the following information: your name and records containing your eligibility for services by WJ. If legal assistance is provided to you, including counsel and advice or brief service, WJ may be required to provide these federal officials the advice that was provided to you by the Judicare attorney, any general information about the nature of your case, a written statement of facts signed by you upon which a lawsuit filed by you would be based, your retainer agreement with WJ and records concerning financial eligibility and client trust funds. You hereby agree that WJ may disclose this information to the federal officials that audit or monitor the activities of WJ and any independent auditor or monitor receiving federal funds to conduct such auditing or monitoring. The above authorization was read, or read to me, and I understand and expressly agreed to it.

Applicant's Signature

Date

4. I am a citizen of the United States.

Applicant's Signature

Date

Mail completed form to:
Wisconsin Judicare, Inc.
P.O. Box 6100
Wausau WI 54402-6100