

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

This form must be completed (questions 1-8), signed in two places below and mailed to Wisconsin Judicare, Inc. before your application will be processed.

1. Your first and last name _____ Date of Birth _____

2. Your Social Security Number (**must provide all numbers**) _____ - _____ - _____

3. Do you have a court date? If yes, please provide below the date and time
_____/_____/_____ : _____ a.m. / p.m.

4. In which County and State is your legal problem in _____, _____
(County) (State)

If your legal problem will be held outside of the Judicare service area, please include a copy of your most recent court documents along with this form.

5. What telephone number can you be reached at during the day (_____) _____ - _____

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

7. I understand and agree to the following:

Federal law now requires Wisconsin Judicare, Inc. to give federal officials that are auditing or monitoring Wisconsin Judicare, Inc.'s activities the following information: your name and record containing your eligibility for services by Wisconsin Judicare, Inc. In addition, if legal assistance is provided to you beyond brief service and counsel and advice, Wisconsin Judicare, Inc. may be required to provide to federal officials that are auditing or monitoring Wisconsin Judicare, Inc. a written statement of facts signed by you upon which a lawsuit filed by you would be based, your retainer agreement with Wisconsin Judicare, Inc. and records concerning any client trust funds, if applicable. As required by law, Wisconsin Judicare, Inc. may disclose this limited information above to the federal officials that audit or monitor the activities of Wisconsin Judicare, Inc. and any independent auditor or monitor receiving federal funds to conduct such auditing or monitoring.

Applicant's Signature

Date

8. 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**