## **AUTHORITY TO REPRESENT**

represent me in my claim for damage(s) against	W OFFICES OF MICHAEL B. BREHNE, P.A., as my attorneys to or any other person, that occurred on I acknowledge ay advance the costs of bringing this claim or lawsuit, but that these d in advance of transferring the file to another attorney. I agree that paid as follows:
pay THE LAW OFFICES OF MICHAEL B. BREHNE, P.A. the	the defendant pay my attorney's fees and costs if I win. I agree to ose fees and costs as determined by the court. I further understand of time my attorney expends in the prosecution of my case, the ultimately paid or rewarded.
to do so will relieve this office of any duty to prosecute this cl	CHAEL B. BREHNE, P.A. of any change in address, and any failure aim. THE LAW OFFICES OF MICHAEL B. BREHNE, P.A. is further tent provides false or misleading information or intentionally omits a
understands each of the rights set forth therein. The undersigned refer to while being represented by the undersigned attorned attorney at any time within 3 business days of the date the conot be obligated to pay any fees to the attorney for the work others in representation of the client, the client agrees the attorney for the understand the client agrees the attorney for the client agrees the attorney.	contract, received and read the statement of client's rights and gned client has signed the statement and received a signed copy to ey(s). This contract may be cancelled by written notification to the contract was signed, as shown below, and if cancelled the client shall be performed during that time. If the attorney has advanced funds to torney is entitled to be reimbursed for such amounts as the attorney ayment of said costs is required before client may receive a copy of
Client Signature	Date
Client Signature	Date
Attorney Signature	Date