

Confidentiality Waiver Form

Client/Potential Client: _____

Matter: _____

Consultation Date: _____

I _____ have asked that another person(s):

Name: _____ Relationship: _____

Name: _____ Relationship: _____

be allowed to accompany me in my consultation. I would like this person(s) to accompany me because _____

_____.

I understand that in doing so, I am waiving the strict confidentiality that I would normally have with this firm. I understand that this firm accepts no responsibility for this person or persons honoring confidentiality. I accept this and waive any claims against this firm that might arise from these additional parties' presence in my consultation.

I have read this Confidentiality Waiver and consent to it.

Client/Potential Client

Date:

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