

CONSENT TO SPEAK TO PERSON OR PARTIES LISTED

I, _____ (Applicant's Full Name), hereby authorize and give my permission to the staff of the Law Office of William R. Orr, to speak to the individual(s) listed below regarding my California Workers' Compensation case:

Print party's full name:

Party 1: _____ Phone #: _____

Party 2: _____ Phone #: _____

Please note, consent to speak can be revoked at any time by clients' written notice to the Law Office of William R. Orr.

Date

(Applicant's Name)