

KEEGAN & BAKER, LLP

A LIMITED LIABILITY PARTNERSHIP
4370 LA JOLLA VILLAGE DRIVE SUITE 640
SAN DIEGO, CA 92122

telephone – 858.552.6750

facsimile – 858.552.6749

PROOF AND ACKNOWLEDGEMENT OF REPRESENTATION

I state for the purpose of representation pursuant to the California Code of Regulations, Title 10, Chapter 5, Section 269.2(c), that Keegan & Baker, LLP shall represent me in the entirety of my claim for any and all loss, damages or injury I suffered. Keegan & Baker, LLP has been retained to represent my interests in this matter until my case is settled, or when final judgment or verdict is handed down, or until further notification. I have also been advised that California Insurance Code section 556.0 contains the following language: “It is unlawful to (a) present or cause to be presented any false or fraudulent claim for the payment of a loss under any contract of insurance; (b) prepare, make or subscribe any writing with intent to present or use the same, or to allow it to be presented or used in support of any such claim.

UNLIMITED AUTHORIZATION FOR PROCUREMENT OF ALL RECORDS

I hereby authorize Keegan & Baker, LLP, or their agents or representatives, to examine, inspect, make copies of, or obtain photostatic copies of any and all medical billing hospital, physician, psychiatric, x-ray, MRI, CT scan, laboratory, healthcare provider, employment, federal and state tax returns, education/schooling, sheriff, highway patrol, police, criminal, disability, Social Security, insurance records and any and all other records whatsoever without limitation that may be related to the undersigned.

THIS AUTHORIZATION CONSTITUTES A BLANKET AUTHORIZATION AND IS VALID FOR THREE YEARS FROM THE DATE SIGNED. AN EXECUTED PHOTOCOPY OF THIS AUTHORIZATION SHALL BE DEEMED AS VALID AS THE ORIGINAL EXECUTED AUTHORIZATION.

CALIFORNIA EVIDENCE CODE, SECTION 1158: “Failure to make the records available during business hours, within five days after the presentation of the written authorization, may subject the person or entity have custody or control of records to liability of all reasonable expenses, including attorneys’ fees, incurred in any proceeding to enforce this section.”

POWER OF ATTORNEY

I hereby grant Keegan & Baker, LLP the “Power of Attorney” to execute documents connected herewith, including but not limited to: settlement agreements, releases, pleadings, medical authorizations, dismissals, orders and all other

documents which I could properly execute to include specifically all drafts, checks and all other documents issued without limitation. You are further requested to disclose no information to any other person or entity, other than Keegan & Baker, LLP, without written authorization from same to do so.

Signed: _____

Printed Name: _____

Date of Birth: _____

Social Security Number: _____

Dated: _____