

the other party and/or his or her legal representative might also be present in person or by telephone when you are communicating with the Authorized Person wishing to speak in detail with you.

and

- 2. Provides written advance notice to the other party or the other party's legal representative of the subjects to be discussed with you.

Any Authorized Person conversing with you in detail pursuant to this Authorization in the absence of the other party and/or his or her legal representative is required to summarize in writing what the Authorized Person understands you told them within one week of such conversation and to mail a copy of that summary to you and to the other party or the other party's legal representative.

CONFIDENTIALITY

All information and documents received pursuant to this Authorization shall be kept confidential and limited to the parties to this proceeding, Authorized Persons, legal representatives and accountants for the parties and their personnel, mediators and arbitrators mutually selected by the parties, and the Court and its personnel.

FURTHER PROCEDURES

A photostatic or facsimile copy of this COURT AUTHORIZATION FOR FINANCIAL DISCLOSURE shall be considered as effective as the original. This Authorization shall be effective until one year following the date of this Order, at which time it is automatically revoked. It is automatically revoked earlier upon the entry of a Decree of Dissolution of Marriage/Civil Union or Decree of Legal Separation (Marriage/Civil Union) in this matter, or dismissal of the within action. **By use of this Authorization, any person making requests under it, under penalty of contempt, gives assurance to the person or entity from whom information is sought that this Authorization is still in full force and effect.** Accordingly, a person receiving a request by use of this Authorization is entitled to assume this Authorization is in full force and effect, and need not make further inquiry to verify same.

The following persons are Authorized Persons:

- Petitioner _____ (name)
- Co-Petitioner/Respondent _____ (name)
- Attorney for Petitioner Co-Petitioner/Respondent _____ (name)
- Paralegal for _____, Esq. _____ (name)
- CPA for Petitioner Co-Petitioner/Respondent _____ (name)

By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.

By checking this box, I am acknowledging that I have made a change to the original content of this form.

(Checking this box requires you to remove JDF number and copyright at the bottom of the form.)

VERIFICATION AND ACKNOWLEDGEMENT

Your signature below indicates that you have read and agree with everything in this document. If both parties agree to this authorization for financial disclosure, both parties must sign. This document must be signed in the presence of a Notary Public.

I swear/affirm under oath that I have read the foregoing document and that the information provided/agreement set forth therein is true and correct to the best of my knowledge.

Petitioner Signature Date

Co-Petitioner/Respondent Signature Date

Petitioner's Attorney Signature, if any Date

Co-Petitioner's/Respondent's Attorney Signature, if any Date

Subscribed and affirmed, or sworn to before me

Subscribed and affirmed, or sworn to before me

in the County of _____,
State of _____, this _____
day of _____, 20 ____.

in the County of _____,
State of _____, this _____
day of _____, 20 ____.

My Commission Expires: _____

My Commission Expires: _____

Notary Public/Clerk

Notary Public/Clerk

It is so Ordered.

Dated: _____

- _____
 District Court Judge
 District Court Magistrate

CERTIFICATE OF MAILING

I certify that on _____ (date), I mailed this Court Authorization to the following:

- Petitioner
- Petitioner's Attorney
- Co-Petitioner/Respondent
- Co-Petitioner/Respondent/s Attorney
- Other

Signature of clerk or party mailing Court Authorization

Print Name

Address of party mailing Court Authorization