

Attorney Authorization

To: Office of the Staff Judge Advocate
AFZA-JA-B (Claims)
2175 Reilly Road, Stop A
Fort Bragg, NC 28310-5000

I, _____ hereby designate and authorize
(Claimant)

_____, associated with the law office of
(Name of Attorney)

_____ to represent me and continue any
(Name of Law Firm)

and all claims which have been filed or will be filed arising from:

(Description of Incident)

_____.

which occurred on _____.
(Date of Incident)

Executed this _____ day of _____, 201____, at _____
_____.

Signature of Claimant