

# Authorization for Legal Complaint Submission

Date: [Insert Date]

To Whom It May Concern,

I, [Your Full Name], residing at [Your Address], hereby authorize [Attorney's Name or Law Firm's Name] to submit a legal complaint on my behalf regarding my personal injury claim identified as [Case Number if applicable].

This authorization grants [Attorney's Name or Law Firm's Name] the discretion to represent my interests in this matter, including filing all necessary documents and communicating with relevant parties.

By signing below, I acknowledge that I understand this authorization and grant the aforementioned party the authority to act on my behalf.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Contact Information]