



**AUTHORITY TO ACT IN MATTER AND TO OBTAIN / PROVIDE INFORMATION WHERE REQUIRED
TO DO SO**

Name: _____ **DOB:** _____ **Date:** _____

This document is an authority to act where I hereby appoint Stuart Davis or a member of his firm to act on my behalf in relation to criminal / traffic / AVO proceedings for which I am a party. This authority may extend in him or a member of his firm dealing with a member of my family / friend who is listed on this authority. It also extends to allow Stuart Davis or a member of his firm to request / receive medical information on my behalf and to provide personal / sensitive information about my case to a service provider who is involved in my case – for example a Doctor, counsellor, psychologist or psychiatrist.

This authority extends to allow my legal representatives to conduct my legal affairs on my behalf where I have provided instructions either in writing or verbally. I understand that I may be required to confirm instructions in writing from time to time when key decisions need to be made about my case.

I have been reminded to comply with all bail conditions and other restrictions on my behavior and I understand the risks of breaching such conditions / orders of the court may result in my arrest and detainment in custody.

I understand that I will incur costs and will be responsible where I am required to do so to pay those costs including medical costs up front where they are required to do so.

People authorized to assist in my matter by receiving communications / assist with providing instructions so my case is understood by them to assist me:

Name: _____

Name: _____

Name: _____

Authority to request / release information from:

Name / role: _____

Name / role: _____

Name / role: _____

Signed by person giving authority to act – I understand this authority is in place until it is revoked in writing by me to my lawyer Stuart Davis: _____