CLIENT REQUEST FOR FILE

*** *** ***

I,	I,, hereby acknowledge that the law office of		
	may not turn	my file over to a non-attorn	ney third party. I
hereby request that the law	office of		
provide me with a copy of	my file in the matter of _		
Check One Only:			
☐ I will personally pick up	my file at the law office of	of	
on/ at ap	proximately a.	m. /p.m.	
OR			
☐ Please send my file to m	y attention at the following	ng address:	
Client Name		Date	
*** *** ***			
Note to Client: Client file	s will be available for retr	ieval at the law office of	
located at		on the following dates/	times: