

I, \_\_\_\_\_, and

I, \_\_\_\_\_

Request and authorize Ken Gilman, PhD to exchange information with the following professionals to better facilitate the collaborative divorce process. Information may be exchanged by various means whether that be a face-to-face contact meeting, telephone, fax or internet email transmission.

Lawyer (W) \_\_\_\_\_ Phone: \_\_\_\_\_

Lawyer (H) \_\_\_\_\_ Phone: \_\_\_\_\_

Child Specialist \_\_\_\_\_ Phone: \_\_\_\_\_

Financial Specialist \_\_\_\_\_ Phone: \_\_\_\_\_

Divorce Coach Ken Gilman, PhD Phone: (505) 980-1865

Other \_\_\_\_\_ Phone: \_\_\_\_\_

Other \_\_\_\_\_ Phone: \_\_\_\_\_

Signed \_\_\_\_\_ Date: \_\_\_\_\_

Signed \_\_\_\_\_ Date: \_\_\_\_\_