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**CONSENT TO COMMUNICATE WITH CLIENT**

Note to Attorney:

In connection with my appointment by the Court as Guardian Ad Litem and/or Attorney for the Minor Child(ren) in the below-referenced matter, I am requesting your consent to communicate with your client as required by Rule of Professional Conduct 4.2 (Communication with Person Represented by Counsel). Please provide the requested information about your client, sign the consent form below, and fax it to me at your earliest convenience at (860) 570-1292. Thank you.

RE: \_\_\_\_\_  
(Case Name)

Docket No. \_\_\_\_\_

I hereby grant permission for Attorney Tad J. Bistor to speak with my client, \_\_\_\_\_.

Client's Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Client's Telephone: Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Work: \_\_\_\_\_

\_\_\_\_\_  
Attorney

\_\_\_\_\_  
Date