

Attorney Authorization

To: Fort Belvoir Office of the Staff Judge Advocate  
ATTN: Claims Division  
9990 Belvoir Drive, Building 257  
Fort Belvoir, Virginia 22060-6107

I, \_\_\_\_\_ hereby designate and authorize  
(Claimant)

\_\_\_\_\_, associated with the law office of  
(Name of Attorney)

\_\_\_\_\_ to represent me and continue any  
(Name of Law Firm)

and all claims which have been filed or will be filed arising from:

\_\_\_\_\_  
(Description of Incident)  
\_\_\_\_\_  
\_\_\_\_\_

which occurred on \_\_\_\_\_.  
(Date of Incident)

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_, at \_\_\_\_\_  
\_\_\_\_\_.

\_\_\_\_\_  
Signature of Claimant