

POWER OF ATTORNEY

I/WE		 and	 	 	_
located at	 	 		 ,	hereby

appoint Brookhaven Law Group PLLC as my/our attorney to do the following acts:

- 1. Act on my/our behalf to represent me/us in negotiating the settlement, reduction, modification, and/or payment of any debt owing and/or allegedly due in my/our name(s) and including lawsuits concerning such debts.
- 2. Request and receive confidential information from creditors, collection agencies, credit bureaus, and any other third Parties in possession of such information that I/we would be allowed to view.

All employees and agents of Brookhaven Law Group PLLC may act on my/our behalf with regard to the above powers.

This Power of Attorney is binding unless and until revoked in writing by me/us. A copy shall be as effective as the original.

Date:

Client Signature

Client Social Security Number

Co-Client Social Security Number

Client Date of Birth

Co-Client Date of Birth

Co-Client Signature

In the State of _____, County of _____, the foregoing individual(s) signed this document before me on this _____ day of _____, 20___.

 Notary Public for the County of ______,

 State of ______.

 My commission expires ______.

Account#: