

AUTHORIZATION TO PAY ATTORNEY

Clients' Name: _____

Adoptive Child(ren): _____

I/We authorize that payment of non-recurring expenses for attorney's fees and court costs in connection with our adoption, be made directly to our attorney, F. Lakhani.

I/We understand that I/we are responsible for any balance owed to F. Lakhani which is not paid directly to him by the TDFPS or other agency.

Date

Signature of Grantee:

Date

Signature of Grantee:

Please mail all payments for attorney's fees and court costs to:

**F. Lakhani
Attorney at Law
1205 Airline Rd.
Corpus Christi, Tx. 78412**