

COLLABORATIVE ALTERNATIVES CONSENT FORM

I, _____ request and authorize

Nancy Gray, 650-444-0433 to exchange information with the following

professionals to better facilitate the Collaborative Divorce process. It is my understanding that information may be exchanged via phone, fax and/or internet email.

If not previously revoked, this consent will terminate on _____.

Attorney _____ Phone Number _____

Child Specialist _____ Phone Number _____

Financial Specialist _____ Phone Number _____

Divorce Coach _____ Phone Number _____

Accountant _____ Phone Number _____

Other _____ Phone Number _____

Signed: _____ Date: _____