KING'S COUNSEL APPOINTMENT

Authorization for disclosure of information and release form

| I, | (please print full name), of | | |
|---|--|---|---|
| | British Columbia, in | consideration of the review a | nd assessment |
| of my nomination for King' | s Counsel appointment, | do hereby: | |
| | | | |
| 1. Confirm that I am a pract | ising lawyer as defined i | in the <i>Legal Profession Act</i> an | d that I have at |
| least five years' standing at | • | C v | |
| members of the Law Societ Advisory Committee) all in information relating to com disciplinary proceedings co | y appointed by the Benc formation relating to my plaints about my profess ncerning me (whether or | "the Law Society") to review a hers (as representatives to the membership in the Law Societional conduct, my insurance rutstanding or concluded), refer | King's Counsel ety including all ecord, any rals to the Practice |
| practice and any other report | | on claims, any restrictions and pared by the Law Society: | conditions on my |
| practice and any other repor | tis on my practice as pre | pared by the Law Society, | |
| | • | rs, if considered appropriate, to Society as outlined above to the | |
| | • | nswer any inquiries, written or Society members on behalf of | |
| | | n any liability of any kind arisi ent of my nomination for King | |
| Dated this | day of | , 20 | |
| | - • | | |
| Signature | | | |
| | | | |

PLEASE ENSURE A SIGNED CONSENT FORM IS PROVIDED TO THE OFFICE OF THE

DEPUTY ATTORNEY GENERAL BY E-MAIL: MAGDeputyKCAppt@gov.bc.ca

KC Consent Form