

AUTHORIZATION FOR ACCESS TO FILE

I, \_\_\_\_\_ [parent's name] and my child/ren are class members in the case of *Adoptive Family #1 and Their Daughter A., et al. v. Warren County*, Case No. 1:18-cv-179, and I hereby authorize Warren County Children's Services to provide a copy of my child's complete file to class counsel. I also authorize Warren County Children Services to copy class counsel on all communications to and from Warren County Children Services relating to renegotiation and redetermination of Adoption Assistance agreements and compliance with the settlement for a period of two years. I understand this information will remain confidential and will be used to determine compliance with the settlement agreement and to help me determine if I will seek any adjustment in the adoption assistance provided to our family.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Parent's Name

\_\_\_\_\_  
Child 1's Name

\_\_\_\_\_  
Child 2's Name (if applicable)

\_\_\_\_\_  
Child 3's Name (if applicable)

\_\_\_\_\_  
Child 4's Name (if applicable)

This authorization can be signed and submitted electronically or by mail at the below addresses:

M. Caroline Hyatt  
441 Vine Street, Suite 3400  
Cincinnati, OH 45202  
[chyatt@gbfirm.com](mailto:chyatt@gbfirm.com)