



**U.S. Department of Justice  
Office of the United States Trustee**

*United States Trustee for Region 17  
Northern and Eastern  
Districts of California and Nevada*

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**Office of United States Trustee for Region 17  
Attorney for Debtor Authorization for Direct Communication Between  
U.S. Trustee Program and Client**

Re: [Debtor's Name]  
[Case Number]

Debtor's undersigned attorney authorizes the staff of the Office of the United States Trustee ("OUST") to have direct contact with the individual(s) identified below, by telephone, email, or in writing, to discuss matters raised in the Initial Debtor Interview or other administrative matters, including but not limited to, monthly operating reports, the calculation and payment of quarterly fees, and proof of insurance, or to answer any questions which may arise regarding such matters. This authorization also extends to other individuals who contact the staff of the OUST at the direction of those identified below concerning administrative matters.

\_\_\_\_\_  
Name (Debtor or Representative of Debtor)

\_\_\_\_\_  
Name (Debtor or Representative of Debtor)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State & Zip Code

\_\_\_\_\_  
City, State & Zip Code

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Attorney for  
Debtor in Possession

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Printed Name of Attorney for  
Debtor in Possession