



Together with NEXTEL

ACCOUNT HOLDER'S CONSENT FORM

PLEASE SELECT THE REQUESTED INFORMATION:

- TEXT MESSAGES – FEE \$30.00 PER CELL PHONE TRACED
- VOICEMAIL MESSAGES – FEE \$60.00 PER CELL PHONE TRACED
- INCOMING/OUTGOING CALL RECORDS – FEE \$20.00 PER CELL PHONE TRACED
(Only the last 45 days are available)
- BILL REPRINTS – FEE \$15 PER MONTH

I, _____, am the Sprint Nextel Account Holder of wireless telephone number
(_____) _____. I understand that the response to this request may take more than 14 days.

I hereby authorize and consent to the release of my wireless records by Sprint Nextel to the following address:

Legal Copy Services, Inc. P.O. Box 2845 Grand Rapids, MI 49501 or sent via fax to (_____) _____.

This authorization is for the following dates: _____.

IF REQUESTING CALL OR TEXT INFORMATION PROVIDE ACCOUNT PASSWORD: _____

IF REQUESTING VOICEMAIL INFORMATION PROVIDE VOICEMAIL PASSCODE: _____

I further agree to reimburse Sprint Nextel the fee associated with my request. I also agree to indemnify, hold harmless and release Sprint Nextel from liability for any misuse or actions arising from the use of the records provided under this authorization.

Name of Account Holder (print) _____

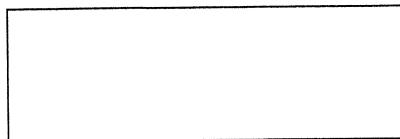
Signature of Account Holder _____

Date _____

Be it known that on the ____ day of _____, 200____, before me, a Notary Public, in and for the State/Commonwealth of _____, duly commissioned and sworn, personally came and appeared _____, known to me to be the same person described in and who executed the foregoing Account Holder's Consent Form.

In Testimony Whereof, I have hereunto subscribed my name and affixed my seal of office on the day and year listed above.

Notary Public



Notary Stamp or Seal

Please complete & fax to Sprint Nextel at (913) 315-0736
THIS FORM MUST BE FILLED OUT IN ITS ENTIRETY.