Name and Address of Court Program

Criminal Justice Consent for Release of Confidential Information

l,	,		, hereby consent
		Date of birth	Court Program and the following
1	Court (Specific Court)	4.	Treatment Agency
2	Probation Department	5	Criminal Defense Attorney (name)
3	Prosecutor's Office_	6.	
eligibility prognosis		ouse treatm nce with the	
2	AssessmentAttendance at treatmentPrognosisDiagnosis	6. 7.	Treatment plan Discharge plan Results of Drug/Alcohol Screens Other
	ts concerning case number(s)	•	e as necessary for, and pertinent to, hearings r which the client is referred to the program
I understand that this consent will remain in effect and cannot be revoked by me until there has been a formal and effective termination of my involvement with the A&D program for the above referenced case, such as the discontinuation of all court supervision upon my successful completion of all A&D program requirements OR upon sentencing for violation of the terms of the A&D program.			
by Part 2 abuse pa	of Title 42 of the Code of Federal R	Regulations is information	pove named agencies or individuals is bound governing confidentiality of alcohol and drug on may re-disclose it only in connection with m.
 Date		Client	
Interprete	r	Witness	

A photocopy of this completed form shall be as valid as the original *All blank lines must be crossed out or filled in at the time of signing