Name and Address of Court Program

General Consent for Release of Confidential Information

,, Client name	Date of hirth	, hereby cor	nsent	
o reciprocal communication between the ndividuals / agencies:				
I. (Family member)	4. (Other—nan	ne)	*	
2. (Employer—name)	5. (Other—nan	ne)	*	
B. (Family doctor - name)	_			
The purpose and need for disclosure is to attendance, progress, and attitude toward mextent of necessary information to be disclose.	ny evaluation and re			
I. Attendance	4. Required S			
2. Prognosis 3. Results of Drug / Alcohol Screen	5. Completion *6.	1 		
Disclosure of this confidential information mand reports concerning case number(s) List a	ay be only made as	necessary for, and	pertinent to, hearings	
may revoke this consent at any time in warpon this release. Otherwise, I understand ormal and effective termination of my involved as the discontinuation of all court suprequirements OR upon sentencing for violation understand that any disclosure made between the code of Federa	riting, except where that this consent worker with the A&I ervision upon my son of the terms of meen the above name	e there has been a ill remain in effect O program for the a uccessful completion by A&D program inv ed agencies or indi	uction taken in reliance until there has been a above referenced case, on of all A&D program volvement.	
patient records, and that recipients of this official duties. I have received a copy of this	information may re			
Date	Client/Legal Gu	Client/Legal Guardian Signature		
nterpreter	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