

_____ County

RELEASE TO OBTAIN INFORMATION

Case No: _____

FOR VERIFICATION

SECTION 1

I understand that the court verifies my employment and financial situation to determine my eligibility for a court-appointed attorney. I understand that some of the information necessary for this verification is contained in records that may be protected by federal and state law. Because of this, I have signed the release below which allows public and private organizations and individuals to provide the court or its designee with requested information. I understand that organizations and individuals that may be contacted include, but are not limited to, those listed below:

Social Security Administration	State Department of Revenue	Mortgage Holders
Department of Motor Vehicles	Employment Department(s)	Utility Companies
Workers Compensation Disability Provider	Adult and Family Services Division	Landlords
Private Disability Insurance Provider	Private Life Insurance Provider	Current and Past Employers
Release Assistance Office	Credit Card Companies	Credit Bureaus
Banks, Savings and Loans, Credit Unions (requesting savings, stocks, bonds checking, loan, and credit information including copies of applications)		Schools and Colleges
		Other: _____

SECTION 2

RELEASE OF INFORMATION AUTHORIZATION

I understand that my records may have information that is protected by federal and state law. By signing below, I am allowing the release of my records directly to the court or its designee. I understand the reason for the request and disclosure of my records. I understand that this release remains in effect six months or until my case(s) is concluded or until I send a written request to the court revoking the release. A photocopy or facsimile (FAX) of my signature is as valid as the original.

Name: _____

Social Security No: _____

Date of Birth: _____

DATE

SIGNATURE OF APPLICANT