OWEN COUNTY COURT SERVICES

Owen County Probation Department • Owen County Community Corrections
64 E Market Street • Spencer, Indiana 47460-0104
Main Line: 812-829-5025 * FAX: 812-829-5051

CRIMINAL JUSTICE CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

Name _____ Date of Birth _____ Cause Number(s) _____

I give consent to reciprocal communication between **Owen County Court Services** and the following:

1. Judge of Sentencing Court
2. Prosecutor's Office
3. Defense Attorney of Record
4. _____
5. _____
6. _____
7. _____
8. _____

The purpose of and need for the disclosure is to inform the above entities and the court of my attendance , progress and attitude toward my evaluation and required treatment, education or both in accordance with the court program's monitoring requirement. The extent of necessary information to be disclosed includes:

1. Assessment
2. Attendance
3. Prognosis
4. Results of Drug/Alcohol Screens
5. Progress Notes
6. Service Contract/Treatment Plan
7. Discharge/Completion
8. _____

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 Court Services Department for the above referenced case(s), such as the discontinuation of all court supervision upon my successful completion of all Program requirements OR upon sentencing for a violation of the terms of my Probation/Community Corrections Program.

I understand that any disclosure made between the above names agencies or individuals is bound by 42 CFR 2, which is the Code of Federal Regulations governing confidentiality of substance abuse patient records, and the recipients of this information may re-disclose it only in connection with their official duties.

I have received a copy of this signed form.

A photocopy or facsimile copy of this completed form shall be as valid as the original.

Signature _____ Staff Witness _____

Signature of Parent, Guardian, and/or Custodian (if necessary) _____ Date _____