



U.S. PROBATION AND PRETRIAL SERVICES

WESTERN DISTRICT OF WASHINGTON

CONNIE M. SMITH
CHIEF

RHONDA M. LANGFORD
DEPUTY CHIEF

AUTHORIZATION TO REPRESENT AND TO OBTAIN/RELEASE INFORMATION

Name: _____

Date of Birth: _____

This document authorizes _____ to release/obtain information about the above-named person to/from the following parties:

(Client to initial each entry)

- _____ Department of Health
- _____ Department of Social and Health Services
- _____ U.S. Marshals Service
- _____ Supervisors of residential facilities, halfway houses, and jails/prisons (to include BOP)
- _____ United States District Judge, United States Magistrate Judge
- _____ To be disclosed in the Presentence Report, Pretrial Report, or other court report
- _____ Intimate partner
- _____

- _____ This release DOES include authority to discuss my HIV status.
- _____ This release DOES include authority to discuss my mental health treatment status.
- _____ This release DOES include authority to discuss my substance abuse use treatment status.

_____ I authorize the United States Probation and Pretrial Services Office to obtain/release all information concerning the above matters to/from the above-listed sources. I understand that this information is necessary to obtain the best results in the work done on my behalf.

_____ I have been told that the United States Probation and Pretrial Services Officer may record some personal information about me to help him/her provide appropriate services to me. I hereby authorize the supervising officer to keep chronological entries in my supervision file which may include reference to my HIV status, provided the information be kept confidential and not be disclosed except to persons or agencies directly involved in the effort to access and coordinate needed services.

_____	_____
Client Signature	Date
_____	_____
Witness / Title	Date