

LASSEN SUPERIOR COURT, HALL OF JUSTICE, FAMILY COURT SERVICES

2610 Riverside Drive, CA 96130~530-251-8205

AUTHORIZATION FOR RELEASE OF INFORMATION

Case Name: _____ **Case No.** _____

I, _____, do hereby authorize Lassen Superior Court, Family Court Services to obtain any and all information about me or my minor child(ren), to be used in Child Custody Recommending Counseling/Mediation and/or investigation/evaluation. This Authorization for Release of Information may be presented to any agency or person Family Court Services so chooses, including, but not limited to: County Welfare Departments, Children's Protective Services, Probation Departments, County Crisis Centers, County Mental Health Departments, Law Enforcement Agencies, Psychiatrists, Psychologists, Counselors, Educational Institutions or Teachers, Dentists, Medical Personnel, and friends and relatives. This form also authorizes release of any drug/alcohol test results.

This Release hereby authorizes Lassen Superior Court, Family Court Services, its officers and agents, to exchange any and all information on myself and my minor child(ren) in order to allow Family Court Services to reasonably recommend on the issues currently before Lassen Superior Court and/or to make referrals to outside agencies based on a signed child custody order.

Additionally, this information may be made reference to or attached to any investigative report or recommendation to the Court in order to further clarify the issues. Therefore, said information may be released to the parties in this action and their attorneys.

I hereby acknowledge that the Lassen County Superior Court, Family Court Services and its officers and agents cannot prevent the parties and their attorneys from disclosing the information referred, attached, or contained in said investigative report to persons not authorized to receive said information and hereby release Lassen County Superior Court, Family Court Services, its officers and agents, from any liability therefore.

I hereby acknowledge that I have been informed that I have a right to a copy of this Authorization and that such authorization shall be effective for a period of one year commencing upon the date of signature.

Signature

Date

(A photocopy or duplicate of this release shall for all intents and purposes be deemed an original.)