DALLAS COUNTY
DOMESTIC RELATIONS OFFICE
FAMILY COURT SERVICES

Authorization to Release Information

To: _____

_____

_____

Client(s) _____ DOB_____

_____ DOB_____

_____ DOB_____

The information disclosed will be used in a court ordered social study. It will be forwarded to the Family District Court and will be available to the attorneys of record and to clients who represent themselves.

The undersigned hereby authorizes and requests that the above named person or organization release to Family Court Services, any and all information about the above client(s) in the following areas:

__medical __discharge summary __counseling/therapy __CPS records

__dental __admissions summary __psychiatric __other: _____

__school __social history __psychological evaluations

__day care __probation/parole __police records

__In accordance with federal Regulations 42 CFR part 2, consent is also given to release any alcohol/drug abuse treatment records under the conditions above.

__Any and all AIDS related conditions and testing _____(client or guardian initial here for verification of this request.)

The client signing this form will be responsible for any fees incurred from this request. Dallas County and this office will not be responsible for any fees.

This authorization may be revoked at any time except to the extent that the information has been received and incorporated into the social study.

_____

Signature Printed Name Date

_____

Signature Printed Name Date