



CONSENT TO OBTAIN INFORMATION

Client Name: _____

Client Date of Birth: _____

I, _____ authorize the Court Appointed Special Advocate Program and
(Client name)

CASA _____ to obtain the following information from:
(CASA name)

(Name or Title of Person or Organization, address & phone)

Information to be released:

1. _____

2. _____

3. _____

4. _____

5. _____

I, (client/parent/guardian) _____, allow the Court Appointed Special Advocate named above to obtain the above information and use the information in reports to the Court and to facilitate my program involvement. I may revoke this consent at any time by supplying a written request to revoke (except where actions have already been taken on the basis of this consent). If I do not revoke this consent, this document will be null and void upon dismissal of the pending juvenile court case or one year from the date of signature.

Client/Parent/Guardian Signature

Date