

CONSENT FOR RELEASE OF INFORMATION TO FAMILY COURT SERVICES

*****Please complete ONLY shaded areas**

I, the undersigned, hereby give my permission for _____

to release any records concerning me, _____, or my children,

and to consult with a caseworker from Family Court Services, concerning the court ordered investigation in Cause Number _____. I understand this request for records and consultation includes my consent for release of information that could otherwise be considered confidential, and includes but is not limited to information concerning alcohol or chemical abuse and dependency (including illegal drug use), STD's, HIV testing, AIDS, psychiatric illnesses, any testing on me or my children, medical records, criminal records, counseling records, child abuse investigations, and school records.

This information may be released to:

Jill LeClair, Assistant Director
FAMILY COURT SERVICES
200 E. Weatherford
Family Law Center, 2nd Floor
Fort Worth, TX 76196-0258

This consent is subject to revocation or withdrawal at any time in the form of written notice to the records provider and will expire one year from the date it was signed. Withdrawal of consent does not affect any information disclosed prior to the written notice of the withdrawal.

A PHOTOCOPY OF THIS CONSENT IS AS VALID AS THE ORIGINAL.

SIGNATURE _____ **DATE** _____

PRINTED NAME _____