

AUTHORIZATION FOR RELEASE OF INFORMATION

In conjunction with my Agreement and Request to enter the Coshocton County, Ohio Municipal Court Pre-Trial Domestic Violence Program, I, _____, the alleged offender, authorize the Coshocton County Law Director's office, or any person affiliated therewith to receive from and discuss with the First Step Family Violence Network and any other person or agency providing counseling, assessment, and/or treatment pursuant to the recommendation of the First Step Family Violence Network in conjunction with the Diversion Program, all matters pertaining to my progress towards completion of this program and receive records, reports or other documents and/or information compiled as a result of my involvement with the Diversion Program

I understand and acknowledge that this authorization extends to all or part of the records designated above and relates to all counseling and treatment received by me in conjunction with the Diversion Program. I expressly consent to the release of the information as designated above.

I also understand that this information extends to the release of information via U.S. mail, overnight mail, telephone or facsimile machine (FAX).

This consent is valid from the date signed until such time as I have been release the Pre-Trial Domestic Violence Diversion Program.

Dated this _____ day of _____, 20____ .

Signed in the presence of:

