

Release of Criminal Case Information:

I hereby authorize the Santa Clara County Office of Pretrial Services to share my criminal court case information, including court dates, charges, types of hearings, and performance on Pretrial Supervision, with the following individuals:

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I understand that this consent will remain in effect while I am a client of the Santa Clara County Office of Pretrial Services pursuant to CEN/Docket #\_\_\_\_\_.

I further understand that this consent can only be altered at my direction and after consulting with a representative of the Santa Clara County Office of Pretrial Services, and that I may revoke this consent at any time by contacting a representative of the Santa Clara County Office of Pretrial Services.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

Print Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

PFN Number \_\_\_\_\_