

**CITY OF TEMPE
HUMAN SERVICES DEPARTMENT
COMMUNITY SUPERVISION SERVICES
TEMPE ADULT DIVERSION/PROBATION**

**CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION:
CRIMINAL JUSTICE SYSTEM REFERRAL**

I, _____, hereby consent to communication between the
(name of defendant)
Tempe Community Supervision Services, the Municipal Court, the Tempe Prosecutor's Office,
and the Attorney of Record.

The purpose of and need for the disclosure is to inform the following criminal justice agencies of my attendance and progress in fulfilling my probation requirements, including medication compliance and treatment goals: The Tempe Municipal Court, the City Prosecutor's Office and the attorney of record. The information to be disclosed includes the initial psychosocial evaluation, referral information, psychiatric evaluation(s), diagnosis, information about my attendance at education and treatment sessions, including alcohol/drug abuse, my cooperation with education and treatment programs, prognosis, and compliance status with the court order and/or conditions of probation.

I understand that this consent will remain in effect and cannot be revoked by me until there has been a formal and effective termination or revocation of my probation or other proceeding under which I was ordered by the court to obtain alcohol/drug abuse screening, education, or treatment.

I also understand that any disclosure made is bound by Part 2 of Title 42 of the Code of Federal Regulations governing confidentiality of alcohol and drug abuse patient records and the recipients of the information may re-disclose it only in connection with their official duties.

(date)

(signature of defendant/client)

(signature of parent, guardian, or authorized representative when required)