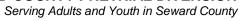
SEWARD COUNTY PRETRIAL DIVERSION





Denise Janssen, Director

AUTHORIZATION TO RECEIVE/RELEASE OF INFORMATION

CLIENT INDENTIFICATION

Name:	Date of Birth:/
Address:	
City/State/Zip:	
I,	hereby authorize Seward County Pretrial Diversion to
Address:City/State/Zip:	
The information to be provided shall include Prior or current treatment Evaluations/Assessments Criminal History	e the following:
The purpose for which the information is to Pretrial Diversion Program.	be received/released is for participation in the Seward County
authorization is not to exceed 30 days from authorization in writing at any time except to release the above information has previously	Il be effective for one (1) year from the date of this release. This discharge. I further understand that I may revoke this the extent that the program, agency, or person requested to acted in reliance upon it. This information used or disclosed to re-disclosure by the recipient and no longer protected.
I hereby release Seward County Pretrial Div acceptance or disclosure of information requ	ersion Program from all legal liability that might arise from the lested above.
I consider a photocopy of this authorization	to be as valid as the original.
I have read and received a photocopy of this	document.
Signature of Client	Date
Parent Signature (if client is a minor)	Date
Pretrial Diversion Representative	Date

261 S 8th Street • Seward, NE 68434 Phone: 402.643.3055 • Fax: 402.643.9701 djanssen@co.seward.ne.us