

**Hamilton County Juvenile Court**

**800 Broadway**

**Cincinnati, Ohio 45202**

**513-946-9200**

**Case Number \_\_\_\_\_**

**AUTHORITY TO RELEASE INFORMATION**

I, the undersigned, hereby authorize the Hamilton County Juvenile Court to obtain any and all record information or files pertaining to my/our arrest and or conviction on any charge.

I, the undersigned, hereby authorize the Hamilton County Juvenile Court to obtain any and all record information or files pertaining to child abuse, abandonment, or neglect investigations, including records of services provided by the Hamilton County Department of Jobs and Family Services (formerly known as Hamilton County Department of Human Services).

I further authorize and request the custodian of any records and information described above to release such records and information at the request of the Hamilton County Juvenile Court or its authorized representative or designee upon presentation of this release or a photocopy thereof.

Hamilton County Juvenile Court, its authorized representative or designee, may release any of the above files, records, or information to any guardian ad litem (GAL) and/or Court Appointed Special Advocate (CASA) the Court has appointed. Hamilton County Juvenile Court, its authorized representative or designee, may also release any of the above files, records, or information when referring cases to any office or agency providing guardians ad litem (GALs) and/or Court Appointed Special Advocate (CASAs).

This release is executed with the full knowledge and understanding that the information is for the official use of the Hamilton County Juvenile Court in the determination of a Custody and/or Companionship petition as well as other associated Court matters.

Should there be any question regarding the validity of this release, please contact me/us as directed below.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_\_

X \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Witnessed by: