

WRITTEN CONSENT TO SHARE INFORMATION

OFFICE OF THE DISTRICT ATTORNEY – District 4

I, _____,
(Print name)

give the following listed individuals permission to obtain and discuss my payment and/or probation obligations, for all cases associated with me, to the staff of the District Attorney's Office, District 4. This written consent will be in effect until revoked in writing.

Individuals able to discuss my case information are as follows:

| <u>Name</u> | <u>Relationship</u> | <u>Phone Number</u> |
|-------------|---------------------|---------------------|
| | | |
| | | |
| | | |
| | | |

Signature

Date