**JUSTICE OF THE PEACE COURT OF THE STATE OF DELAWARE**

**IN AND FOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COUNTY**

**COURT NO. \_\_\_\_\_**

**Court Address:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Uniform Case No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby consent to communication between Brandywine Counseling & Community Services (BCCS) and the Justice of the Peace Court.

The purpose of and need for the disclosure is to inform the Justice of the Peace Court of my attendance and progress in treatment. The extent of information to be disclosed is my program referral from the evaluating agency, information about my attendance of lack of attendance at treatment sessions, and discharge status related to compliance with a court ordered treatment or rehabilitation program.

I understand that this consent will remain in effect and cannot be revoked by me until there has been a formal and effective termination of my probation, or parole, or other proceeding under which I was mandared into treatment under this charge.

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 that recipients of this information may redisclose it only in connection with their official duties.

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(Date) (Signature of defendant/patient)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of witness) (Signature of parent, guardian or

authorized representative if required)