



STATE OF OREGON
 _____ County



**RELEASES TO
 OBTAIN INFORMATION
 FOR VERIFICATION**

Case No(s). _____

SECTION 1

I understand that the court verifies my employment and financial situation to determine my eligibility for a court-appointed attorney. I understand that some of the information necessary for this verification is contained in records that may be protected by federal and state law. Because of this, I have signed releases below which allow public and private organizations and individuals to provide the court or its designee with requested information. I understand that organizations and individuals that may be contacted include, but are not limited to, those listed below:

- | | | |
|--|--------------------------------------|------------------------|
| ◆ Social Security Administration | ◆ State Department of Revenue | ◆ Mortgage Holders |
| ◆ Department of Motor Vehicles | ◆ Employment Department(s) | ◆ Utility Companies |
| ◆ Workers' Compensation Disability Provider | ◆ Adult and Family Services Division | ◆ Landlords |
| ◆ Private Disability Insurance Provider | ◆ Private Life Insurance Provider | ◆ Past Employers |
| ◆ Release Assistance Office | ◆ Credit Card Companies | ◆ Credit Bureaus |
| ◆ Banks, Savings and Loans, Credit Unions (requesting savings, stocks, bonds, checking, loan, and credit information including copies of applications) | | ◆ Schools and Colleges |
| | | ◆ _____
OTHER |

SECTION 2

Specifically, by signing this release, I authorize the court or its designee to directly contact my current employer(s) by telephone or in writing and to release and utilize my address and Social Security number, if provided, as needed by the court or its designee. I understand that this release remains in effect six months or until my case(s) is concluded or until I send a written request to the court revoking the release.

DATE

SIGNATURE OF APPLICANT

SECTION 3 RELEASE OF INFORMATION AUTHORIZATION

Name _____
 Social Security No. _____
 Date of Birth _____

I understand that my records may have information that is protected by federal and state law. By signing below, I am allowing the release of my records directly to the court or its designee named above. I understand the reason for the request and disclosure of my records. I understand that this release remains in effect six months or until my case(s) is concluded or until I send a written request to the court revoking the release. A photocopy or facsimile (FAX) of my signature is as valid as the original.

DATE

SIGNATURE OF APPLICANT

**SECTION 4
 EMPLOYMENT DEPARTMENT RELEASE OF INFORMATION AUTHORIZATION**

Name _____
 Social Security No. _____
 Date of Birth _____

I authorize the Employment Department, State of Oregon, to release to the court or its designee named above, information from my records on file with the Employment Department. I understand that this release remains in effect six months or until my case(s) is concluded or until I send a written request to the court revoking the release.

DATE

SIGNATURE OF APPLICANT