



Superior Court of California County of Sonoma

Arlene D. Junior
Court Executive Officer/Clerk of the Court/Jury Commissioner

ACCESS, SERVICE, JUSTICE

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

Re: Case Name: _____ Case Number: _____

I hereby authorize _____
to disclose to **Family Court Services (FCS) (707-521-6800)**, the indicated records and information pertaining to:

Parent's Name: _____ D.O.B.: _____

Parent's Name: _____ D.O.B.: _____

Child's Name: _____ D.O.B.: _____

Child's Name: _____ D.O.B.: _____

The type of information to be used or disclosed is the following:

Clinical observations and opinions regarding or reflecting upon the emotional, mental and/or physical health of the child(ren) listed above, particularly as the same relate to the parents' custody of and/or visitation with the child(ren).

Clinical observations and opinions regarding or reflecting upon the emotional, mental and/or physical health of the parent(s) listed above, particularly as the same relate to: 1) custody of and/or visitation by the parent(s) with the child(ren) (listed above); and 2) the ability of the parent(s) to develop and maintain a healthy and productive co-parent relationship.

Other: _____

I understand and agree the information for which I am authorizing release and/or disclosure will be used for pending and future child custody/visitation recommendations and reports to the Superior Court of Sonoma County. I also understand and agree that FCS may disclose information to the person referenced above in order to assess and determine the minor child(ren)'s best interest.

I understand that I may revoke this authorization at any time. If I revoke this authorization, I must do so in writing and present my written revocation to Family Court Services. I understand and agree that a revocation of this authorization will not apply to information which was released or disclosed prior to revocation.

I understand this authorization will become effective immediately and will remain in effect for one year from the date of signature. I understand that I may receive a copy of this authorization for my personal records.

Dated: _____	Dated: _____
Parent/Guardian Signature: _____	Parent/Guardian Signature: _____