

UNITED STATES PROBATION & PRETRIAL SERVICES

400 CONGRESS STREET, 5th Floor
PORTLAND, MAINE 04101-3547
207-780-3358
FAX 207-780-3784

UNITED STATES DISTRICT COURT DISTRICT OF MAINE

202 HARLOW STREET, ROOM 209
BANGOR, MAINE 04401-4919
207-945-0369
FAX 207-945-0305

KAREN-LEE MOODY
CHIEF



TIMOTHY J. DUFF
DEPUTY CHIEF

AUTHORIZATION TO RELEASE INFORMATION

I, _____, the undersigned, hereby authorize the United States Probation Office for the District of Maine, to release information in its files pertaining to my **substance use/abuse history and/or mental health history** to _____.

I hereby direct the United States Probation Office for the District of Maine to release such information at the request of _____. This release is executed with full knowledge and understanding that the information is for the express purpose of developing a treatment plan and implementing a course of treatment between myself, the United States Probation Office and _____.

I hereby release the United States Probation Office from any and all liability for damages of whatever kind which may result to me, my heirs, family, or associates because of compliance with this authorization and disclosure of the information stated above and do hereby hold each and every one of them harmless from any and all liability in respect thereto.

The information released to _____, is to be used for the purpose of developing a treatment plan and implementing a course of treatment which is a condition of my Supervised Release, Probation and/or Parole.

Signature

Full Name – Printed

Date

WITNESS

Probation Officer

Date

ME88