MARICOPA COUNTY ATTORNEY'S OFFICE
NOTARIZED AUTHORIZATION AND RELEASE

I _____
_____
(Name, Date of Birth, Address) certify that I am: Victim / Victim-Next of Kin / Defendant / Witness *(circle one)* in CR _____.

I hereby authorize and consent to the release by the Maricopa County Attorney's Office of the following information which may be contained in the records pertaining to the criminal case: *(Please initial all that apply)*

(____) Personal identifying and locating information protected by A.R.S. §§ 13-4434 or 39-123.01.
(____) Visual depiction/images of a victim (any age) or a witness under 18 years of age protected by A.R.S. §§ 13-4434 or 39-121.04.
(____) Medical and mental health records, including any evaluations, diagnoses, reports or notes of treatment.
(____) Educational or academic records.
(____) Financial records or bank account information.

Disclosure shall be made to the individual listed below.

INDIVIDUAL TO RECEIVE RECORDS **PHONE NUMBER or EMAIL**

SIGNATURE **DATE OF CONSENT**

NOTARIZATION REQUIRED

STATE OF ARIZONA
COUNTY OF _____

On this day of _____ 20_____, before me personally appeared _____ (Name of Claimant) and is known to me to be the person described in and who executed the foregoing Release form.

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20____, by _____ (Notary Signature).

(Notary Seal)

Updated August 2020