

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE**

**RI-JV025**

<b>JUVENILE DRUG COURT - JUVENILE SUCCES TEAM (JUST)</b> <input type="checkbox"/> <b>INDIO</b> 46-200 Oasis St., Rm. 120E, Indio, CA 92201 <input type="checkbox"/> <b>MURRIETA</b> 30755-G Auld Rd., Murrieta, CA 92563 <input type="checkbox"/> <b>RIVERSIDE</b> 9991 County Farm Rd., Riverside, CA 92503	<i>FOR COURT USE ONLY</i>
CHILD'S NAME:	CASE NUMBER:

**JUVENILE DRUG COURT  
CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION  
CRIMINAL JUSTICE SYSTEM REFERRAL**

I, \_\_\_\_\_, hereby consent to communication between **Riverside County Juvenile Drug Court** and the Treatment Providers, Probation Drug Test Lab, School, District Attorney Office, Public Defender Office, Probation Department, and Behavioral Health Department the following information:

ALL INFORMATION PERTAINING TO THIS CASE

The purpose of, and need for, the disclosure is to inform the criminal justice agency(ies) listed above of my attendance and progress in treatment and school. The extent of information disclosed is my diagnosis, information about my attendance or lack of attendance at treatment sessions, group, school, work hours, and my cooperation with the services/programs, prognosis, and drug test results. I agree that information disclosing the results of my drug tests may be used to gauge my performance of my drug court contract.

**I understand that this consent will remain in effect and cannot be revoked by me until:**

There has been a formal and effective termination or revocation of my involvement in the Juvenile Success Team (JUST).

I also understand that any disclosure made is bound by Part 2 of Title 42 of the Code of Federal Regulations governing confidentiality of AOD abuse patient records, and that recipients of this information may redisclose it only in connection with their official duties. We release information to medical personnel in a medical emergency or to qualified personnel for research, audit, or evaluation purposes.

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(SIGNATURE OF PARTICIPANT)

\_\_\_\_\_  
(D.O.B.)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(SIGNATURE OF PARENT/GUARDIAN)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(SIGNATURE OF WITNESS)