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| ATTORNEY OR PARTY WITHOUT ATTORNEY: NAME: FIRM NAME: STREET ADDRESS: CITY: TELEPHONE NO.: E-MAIL ADDRESS: ATTORNEY FOR (name): | STATE BAR NUMBER: STATE: ZIP CODE: FAX NO.: | FOR COURT USE ONLY |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME: | | |
| NONMINOR DEPENDENT'S NAME: | | |
| NONMINOR DEPENDENT—CONSENT TO COPY AND INSPECT NONMINOR DEPENDENT COURT FILE | | CASE NUMBER: |

To the nonminor dependent: Review this form with your attorney. This form is used to authorize the release of your court records to your assigned CASA volunteer.

1. I am the nonminor dependent in this case. My date of birth is _____

For items 2 through 6, initial the box for each item that applies. If you have a question about an item, ask your attorney or the judge before you initial that item.

- | | Initial |
|---|---------|
| 2. I understand that I am not required to give my CASA volunteer consent to inspect and copy my nonminor dependent court file. | _____ |
| 3. I understand that my consent includes the inspection and copying of records in my nonminor dependent court file, which may include records from any agency, hospital, school, organization, division or department of the state, physician and surgeon, nurse, other health care provider, psychologist, psychiatrist, police department, or mental health clinic. | _____ |
| 4. I hereby give my permission for my assigned CASA volunteer to inspect my nonminor dependent court file. | _____ |
| 5. I hereby give my permission for my assigned CASA volunteer to copy my nonminor dependent court file. | _____ |
| 6. I understand that I may revoke or modify my consent for the CASA to copy and inspect my nonminor dependent court file at any time after signing this consent form. My revocation may be given orally to my CASA or in writing. | _____ |

Date: _____

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| _____ (TYPE OR PRINT NAME) | | _____ (SIGNATURE) |
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I am the attorney for the nonminor dependent, and I have explained to the nonminor dependent his/her rights and the potential consequences of signing this consent form.

Date: _____

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| _____ (TYPE OR PRINT NAME) | | _____ (SIGNATURE) |
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