

**Authorization for Release of Criminal History**

I hereby authorize the Lookout Mountain Judicial Circuit Office of the District Attorney to obtain, release, and distribute my GCIC criminal history to the Lookout Mountain Judicial Circuit Accountability Court staff and team members, including the Accountability Court Coordinator, employees of Lookout Mountain Community Services, and any other Accountability Court team member or designated representative thereof for the purpose of completing my assessment for participation in the Lookout Mountain Judicial Circuit Accountability Court program. I understand that if I am accepted into the Accountability Court, the program maintains the prerogative to receive and review my GCIC criminal history data for a minimum of five years following discharge.

\_\_\_\_\_  
Defendant

\_\_\_\_\_  
Date

**LOOKOUT MOUNTAIN JUDICIAL CIRCUIT ACCOUNTABILITY COURT**  
**RELEASE TO VERIFY APPLICANT AND PARTICIPANT INFORMATION FROM THIRD**  
**PARTIES**

I hereby authorize the Accountability Court Coordinator and members of the Accountability Court Staff to contact in any form, members of my household, employer, or any other persons necessary to verify or gain information for the purpose of determining my acceptance into or compliance with rules of the Lookout Mountain Accountability Court. I authorize the Accountability Court Coordinator and members of the Accountability Court Staff to disclose information about my case, charges, or participation in Accountability Court to members of my household, employer, or any other persons necessary for the purpose of determining my acceptance into Accountability Court or my compliance with Accountability Court rules. This release shall extend from this date until I complete Accountability Court or am terminated or voluntarily withdraw from the program.

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Signature of Participant

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Date

# Lookout Mountain Circuit Drug Court

## CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

I, \_\_\_\_\_, hereby consent to disclosure between the Lookout Mountain Circuit Drug Court Program, Treatment Providers, and Other Service Organizations of confidential information concerning substance use and treatment, medical/mental health status and treatment, and drug testing. Initial:

I authorize any prison, detention center, county jail, or city jail in which I have been confined to release to the Lookout Mountain Circuit Drug Court all information in my records concerning my medical/mental health status and treatment, to include but not be limited to HIV (AIDS), Tuberculosis, and Hepatitis. Initial:

The purpose of and need for this disclosure is to allow the Lookout Mountain Circuit Drug Court to determine eligibility for the program and, if accepted, to supervise my treatment progress and maintain compliance. The extent of information to be disclosed includes my diagnosis, treatment plan, information about attendance at treatment sessions, cooperation with the treatment program, prognosis, and drug test results.

I understand that if I am ineligible to participate in the Lookout Mountain Circuit Drug Court, my consent will be immediately revoked and NO confidential information collected for the purposes of assessment may be used against me. Initial:

Signature of Candidate: \_\_\_\_\_

Date: \_\_\_\_\_

DOB: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_