PROBATE COURT OF WOOD COUNTY, OHIO

David E. Woessner, Judge

NAME:____

Case No: ____________________

AUTHORIZATION FOR RELEASE OF INFORMATION

I, ____ (Applicant), of ________________________________ (Address)

____ (Address) do hereby authorize the following Wood County agencies; Adult Protective Services, Children Services Board, and the Sheriff's Department to release all information regarding any child neglect, child abuse, adult abuse, adult neglect or criminal records that I may have with the agencies to the Wood County Probate Court.

I understand that the Wood County probate Court has requested this information from your agency. I further understand that all information released by your agency will be considered confidential by the Wood County Probate Court.

Date of Birth	
Social Security Number	
Marital Status	
Previous Address	
Maiden Name	
Spouse's Name	
Name of former Spouse(s)	
Name(s) of Child(ren)	
Ages of Children	
Duration of Residence in Ohio	
A.K.A.	

________________________________ Signature

________________________________ Witness

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TO BE COMPLETED BY EACH AGENCY

(Please check appropriate space and sign. If a record is located, attach record/information to this form.)

Record Located		No Record Located		________________ Wood County Adult Protective Services
Record Located		No Record Located		________________ Wood County Children Services Board
Record Located		No Record Located		________________ Wood County Sheriff's Department