**ATTACHMENT PB-4014**

| ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name and Address)*: TELEPHONE NUMBER: | *FOR COURT USE ONLY* |
|---|---|
| ATTORNEY FOR *(Name)*: **Self-Represented** | **To keep other people from seeing what you have entered, please press the Reset Form button at the end of this form.** |
| **SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA**<br>COURT ADDRESS: 191 North First Street, San José, California 95113<br>PHONE NUMBER: (408) 882-2651<br>FAX NUMBER: (408) 882-2693<br>BRANCH NAME: Downtown Courthouse – Probate Division | |
| **In the Matter of the Guardianship of:** | |
| **AUTHORIZATION FOR RELEASE OF INFORMATION** | CASE NUMBER: |

Probate Code Section 1513 requires that a probate court investigator conduct interviews and write a report and recommendation to the Court concerning the appropriateness of establishing a guardianship for the above-named children. In order to assist in the gathering of pertinent information,

I/we, _____/_____

specifically authorize the release of my/our school records, counseling records, probation records, public and private social service records, summaries of medical and psychological records, and records from any private or public agency which would assist in determination of our petition for guardianship.

Dated:_____ _____

Dated:_____ _____

**Original to: Probate Court Investigator**

**Reset Form**