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 COURT ADDRESS: 191 North First Street, San José, California 95113 PHONE NUMBER: (408) 882-2651 FAX NUMBER: (408) 882-2693 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