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AUTHORIZATION

This document or a photocopy will verify that my attorney, __ (attorney name) _____, and his/her agents and employees are authorized to communicate with probation officers, prior attorneys, and all other persons having information which my attorney deems necessary for representing me. I further authorize my attorney and his/her agents and employees to examine, inspect, and make photocopies of all probation reports, documents in the possession of my prior attorneys, employment records, prison records, medical records, psychiatric records, and all correspondence, reports, charts, and any other documents pertaining to me.

Date: _____

Signature

Print Name

Sign both the English and Hmong forms

TSO CAI

Daim ntawv ntawm no lossis ib daim luam ntawm daim no yuav qhia tseeb tias kuv tus kws lijchoj, _(attorney name)____, thiab nws cov neeg sawv cev rau nws thiab cov neeg ua hauj lwm rau nws tau raug tso cai los tham nrog cov tub ceev xwm plaus-npev-seem (probation), cov kws lijchoj yav tas, thiab txhua tus neeg uas muaj lus qhia uas kuv tus kws lijchoj xam tias yuav tsum tau thaum nws los sawv cev rau kuv. Ntxiv mus kuv tso cai rau kuv tus kws lijchoj thiab nws cov neeg sawv cev rau nws thiab cov neeg ua hauj lwm rau nws los kuaj xyuas, tshawb xyuas, thiab los luam ua duab cov ntawv sau qhia tuaj ntawm plaus-npev-seem, cov ntawv ua kuv cov kws lijchoj yav tas tuav, cov ntawv khaws tseg txog kev ua hauj lwm, cov ntawv khaws tseg ntawm tsev nkuaj, cov ntawv khaws txog kev mob, cov ntawv khaws txog lub hlwb thiab tswv yim (psychiatric), thiab txhua yam ntawv sau los sib tham, ntawv sau qhia (reports), ntawv siv duab qhia (charts), thiab lwm yam ntawv uas hais txog kuv.

Hnub Tim: _____

Kos Npe

Sau Lub Npe

Kos npe rau daim ua lus Askiv thiab daim ua lus Hmoob