



COUNTY OF LOS ANGELES PROBATION DEPARTMENT

9150 EAST IMPERIAL HIGHWAY, DOWNEY, CALIFORNIA 90242
(866) 931-2222



JERRY E. POWERS
Chief Probation Officer

WAIVER AND CONSENT FOR RELEASE OF CONFIDENTIAL RECORDS FOR FURTHERING REHABILITATION OF SUBJECT/PROBATIONER

PROBATIONER'S NAME (FIRST, MIDDLE, LAST):	DATE OF BIRTH:
---	----------------

I, the above named individual, for purposes of furthering my rehabilitation, request and consent to the Los Angeles County Probation Department release of all or a portion of my local summary criminal history information to the following (except as specified below):

Name of Business/Entity: _____
Contact Person's Name: _____

I understand and agree that by signing this waiver and consent, I am waiving the confidentiality of my criminal offender records information pursuant to California Penal Code Sections 1203.10, 13300 and other governing laws. I also understand that I have the right to decline the release of a portion of or all of my confidential local summary criminal history information. By signing this waiver, I understand, consent and agree to the release of all or part of my local summary criminal history information, for purposes of my rehabilitation, (except as specifically listed in the space below):

- I fully understand that this release contemplates release of my criminal history information that is generally confidential under the Penal Code, which includes but is not limited to:
 - Name, Date of Birth & Physical Description
 - Dates of Arrests, Arresting Agencies, Booking Numbers, Charges & Dispositions
 - Other similar data
- I am fully aware and understand that if the above named business/entity or contact is a media entity or contact that the released material, as well as any interview I may provide, may be featured in print and/or broadcast media (newspaper, television, radio, online media entity or other similar entity) for an undetermined length of time and that such material, including my image, statements, and criminal history information, may be publicly displayed, shown or distributed.
- I hereby waive and release the County of Los Angeles, Probation Department, and all Probation Department agents and/or employees from any and all claims I may have for liability arising out of the release of my criminal history information, including claims for personal injury, death, and/or property damage. I also waive and release the County of Los Angeles, Probation Department and all Probation Department employees/agents from liability for any and all negligence claims and/or civil rights claims, including but not limited to any claims under 42 U.S.C. Section 1983 or 1985, that are based on or in any way predicated on any intentional, deliberate, indifferent, or conscience shocking conduct of any member, employee or agent of the Los Angeles County Probation Department arising out of the release of my criminal history information. I further waive and release the County of Los Angeles, the Probation Department and Probation Department employees from any liability for defamation, invasion of privacy, and misuse of my criminal history information.
- I agree that the County of Los Angeles, the Probation Department, and all Probation Department Employees are not liable for any injury and/or damages I sustain that are associated with the release of my criminal history information associated with this waiver and consent.
- I understand that that I may be subjected to the risk of my personal safety or death, and/or damage of my personal property arising out of the release of my criminal history information, and any interview I may provide related to such, and I accept these risks and release the County of Los Angeles, Probation Department, and all Probation Department employees from liability therefrom.
- I also agree that myself, heirs, executors, administrators, and assigns shall defend, indemnify, and hold harmless the County of Los Angeles, the Probation Department, all members, officials and employees of the Los Angeles County Probation Department, their sureties, and each one of them, against any and all manner of actions, suits, debts, counts, claims, and demands, or damages or liability or expenses of every kind and nature, incurred or arising by reason of actual or claimed intentional, deliberate, indifferent, negligent, malfeasance, or wrongful act or omission, arising from, related to, or as a result of my voluntary request for release of my criminal history information associated with this waiver and consent.

In the space provided immediately below, I am declining and do not wish the release of only the following information from my local summary criminal history information (if nothing is specified, all local summary criminal history information may be released):

I have carefully read and understand the contents of this document and sign it of my own free will, and do so with the purpose of furthering my rehabilitation. I also know and understand that I have the right to consult with an attorney before signing this agreement. I also can revoke this agreement at any time before my information is released, but once it is released, this release/waiver/consent cannot be rescinded.

PROBATIONER'S SIGNATURE _____

DATE _____

FOR DEPARTMENT PERSONNEL: I certify that this "Waiver and Consent for Release of Confidential Records for Furthering Rehabilitation of Subject/Probationer" was provided to and explained to the above named probationer for his/her review before the probationer's signature was obtained. The original copy of this waiver shall be placed in the probationer's file, a copy shall be provided to the probationer, and a copy shall be forwarded to the Department's Public Information Officer (PIO), if the business/entity is a media entity.

EMPLOYEE NAME (Last, First) _____

EMPLOYEE SIGNATURE _____

DATE _____