

STATE OF MICHIGAN JUDICIAL DISTRICT	WAIVER OF PRIVILEGE AGAINST DISCLOSURE (Alcohol/Substance Abuse Treatment)	CASE NO. and JUDGE
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Court address _____ **Court telephone no.** _____

THE PEOPLE OF <input type="checkbox"/> The State of Michigan <input type="checkbox"/> _____	v	Defendant's name, address, and telephone no.
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Program name: _____

Director or designee: _____

Release to: _____ District Court

I, the defendant in this case, waive my privilege against disclosure regarding alcohol/substance abuse treatment and authorize the above program, its director or designee to release any and all information and records concerning my attendance, progress, services received, counseling reports, conduct appraisals, and recommendations for additional services to the district court listed above for the purpose of assisting the court in an appropriate disposition of this case.

This authorization will remain in effect until the purpose for which it was given no longer exists.

Date

Defendant's signature

Witness