

CONSENT FOR
RELEASE OF INFORMATION

PURSUANT TO CALIFORNIA RULES OF COURT, STANDARD 5.20

I _____ GIVE
CONSENT/PERMISSION FOR CARING HEARTS AGENCY, TO RELEASE AND
EXCHANGE ANY AND ALL PERTINENT INFORMATION/RECORDS CONCERNING
MY CASE TO FAMILY COURT JUDICIAL OFFICE AND OR REPRESENTATIVE,
DCFS, AND ATTORNEY(S) REPRESENTING BOTH PARENT(S) AND OR MY
CHILDREN.

I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO COMPLY WITH REQUESTED
GUIDELINES AND WILL NOT HOLD CARINNG HEARTS AGENCY, LIABLE IN ANY
FORM. CARING HEARTS AGENCY AGREES THAT THEY WILL ABIDE BY 2008
CALIFORNIA RULES OF THE COURT, STANDARD 5.20.

MY SIGNATURE INDICATES THAT I HAVE READ AND UNDERSTOOD THE ABOVE.

DATE _____ PARENT _____

DATE _____ PARENT _____

DATE _____
PROFESSIONAL VISITATION MONITOR

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