

**ATTORNEY PERMISSION
AUTHORIZING
BEXAR COUNTY
ADULT DRUG COURT/ DWI COURT STAFF
TO SCREEN FOR ELIGIBILITY**

_____, DOB _____, SID # _____,
(Print Client's Name)

Client Phone #: _____ Email (if available) _____

As attorney of record for the listed client above, I understand that my client has been identified as a potential candidate to participate in the Bexar County Adult Drug Court (hereinafter called "ADC"), and that my permission and consent is being sought to meet with and interview my client for the purpose of conducting both the *Legal* and *Clinical Screening* necessary to determine eligibility to ADC participation, and enrollment status for ADC provider services.

Please check one:

I consent and give permission to the ADC/ DWIC staff to contact and screen my client

I do not consent nor give permission to the ADC/ DWIC staff to contact & screen my client

I also understand that at some future date, my client's case will be staffed by the ADC Team to review both the *Legal* and *Clinical Screenings* and determine eligibility,

Please check one:

I **will** participate in the Staff meeting

I **will not** participate in the Staff meeting

(PRINT) Attorney at Law

(SIGNATURE) Attorney at Law

Phone # _____

Date

Email: _____

Fax #: _____