



AUTHORIZATION TO RELEASE JUVENILE COURT RECORDS (Minor Under 18)

Name of Minor Child: _____ Date of Birth: _____

Name of Parent/Legal Custodian: _____

Address: _____

Home Phone#: _____ Cell Phone#: _____

Work Phone#: _____ Email Address: _____

I, _____, AM THE PARENT/LEGAL CUSTODIAN OF _____, BORN _____.

I HEREBY AUTHORIZE THE RELEASE OF JUVENILE COURT RECORDS RELATED TO _____ IN ALL MATTERS THAT HAVE BEEN OR ARE PENDING BEFORE _____ [Judge] _____ [Court] TO THE STATE OF LOUISIANA CHILD OMBUDSMAN.

THIS CONSENT INCLUDES, BUT IS NOT LIMITED TO, RECORDS OF COURT HEARINGS, CASE PLANS, COURT REPORTS, PRE-DISPOSITION REPORTS, ASSESSMENTS, EVALUATIONS OR TREATMENT RECOMMENDATIONS, MINUTE ENTRIES, JUDGEMENTS, COURT ORDERS AND ANY OTHER DOCUMENTS PERTAINING TO NAMED CHILD.

I UNDERSTAND THAT THE INFORMATION RELEASED MAY BE SENSITIVE AND CONFIDENTIAL AND I CONSENT TO ITS RELEASE FOR THE PURPOSE OF ASSISTING THE STATE OF LOUISIANA CHILD OMBUDSMAN IN FULFILLING THE DUTIES SET FORTH IN La.R.S. 24:525.

I ACKNOWLEDGE THAT THIS RELEASE OF INFORMATION IS VOLUNTARY AND I HAVE A RIGHT TO REVOKE THIS CONSENT AT ANY TIME BY PROVIDING WRITTEN NOTICE TO THE CUSTODIAN OF RECORDS.

This authorization shall expire on _____ (date or event) and is needed for the period beginning _____ and ending _____.

Signature of Parent or Personal Representative Authorized by Law

Date

RETURN the completed form to:
State of Louisiana Child Ombudsman
Post Office Box 94397
Baton Rouge, Louisiana 70804-9397
PH: (833) 543-7452 (833-Kids4La)
Email: Kids4La@lla.la.gov

OJJ
10/2023