



**Consent by Non-minor Dependent (NMD)
for CASA of Los Angeles to inspect and copy records pursuant
to CAL. WIC CODE SEC. 107**

I, _____, am a Non Minor Dependent of the Los Angeles Juvenile Dependency Court, date of birth _____. My Dependency Court case number is _____. I hereby give my permission for the CASA volunteer, and CASA of Los Angeles to inspect and copy records pursuant to CAL. WIC CODE SEC. 107 (a) and (b).

This authorization shall include the inspection and copying of records relating to my dependency case from any agency, hospital, school, organization, division or department of the state, physician and surgeon, nurse, other health care provider, psychologist, psychiatrist, police department or mental health clinic.

CASA of Los Angeles cannot disclose information from such records to anyone without my explicit consent, except when the CASA is legally required to do so in the scope of their CASA work. The CASA may disclose when the information pertains to a safety issue or otherwise serves as a barrier to my successful transition to adulthood. I understand the CASA will make best efforts to discuss any contents of the report with me (NMD) prior to submitting to court.

I understand that I may revoke or modify my consent for the CASA to copy and inspect my records pursuant to CAL. WIC CODE SEC. 107 (a) and (b) at any time after signing this consent form. My revocation may be given orally to my court appointed CASA or in writing. Any written revocation shall be sent to the office of the CASA of Los Angeles at 201 Centre Plaza Drive, Room 1100, Monterey Park, CA 91754.

Non-minor Dependent

Date