

**DEFENSE ATTORNEY ACCESS OF SBI/DCI NETWORK FOR
NORTH CAROLINA CHRI and/or DRIVER'S ISSUANCE/HISTORY DATA**

I, _____, of _____ **Law Firm**, in accordance with N.C.G.S. § 15A-141, represent the defendant identified below and have entered the named criminal/infraction case:

Identifying Information			
Defendant's Name			
Date of Birth		Race:	Sex:
Operator's License #	Issuing State:	* Social Security #: * Social Security Number is optional.	
Case Docket #	NC County:	Court Date:	

Information Requested	
NC Criminal History Record Information** (QHNC/QRNC & Purpose Code PA) ** Requires original signature of Defense Attorney and must be Notarized.	<input type="checkbox"/>
NC Driving History ** Requires original signature of Defense Attorney and must be Notarized.	<input type="checkbox"/>
Out-of-State Driving History*** *** Requires original signatures of Defense Attorney and Defendant/Driver. Both signatures must be Notarized. *** Requires Defendant/Driver's written consent.	<input type="checkbox"/>

* * * * * AGENCY USE ONLY * * * * *
DCIN Operators Name: _____
Date Processed: _____

DEFENDANT / DRIVER'S WRITTEN CONSENT FOR RELEASE OF PERSONAL INFORMATION

I, _____ (printed name of motorist), authorize the _____ (name of agency) to disclose or otherwise make available to my attorney, _____ (name of attorney), personal and highly restricted information including: Identifying Information; Photographs; Images; Social Security Number; Driver Identification Number; Name; Address; Phone Number; Medical and Disability Information about me in connection to my Motor Vehicle Operator's Permit and/or License; Motor Vehicle Title; Motor Vehicle Registration; Driver Safety Record; and Identification Card issued by a department of motor vehicles.

Defendant/Driver **Original** Signature

Date

NOTARY PUBLIC

COUNTY OF _____

STATE OF _____

SWORN AND SUBSCRIBED BEFORE ME THIS THE _____

DAY OF _____, 20____.

NOTARY PUBLIC'S SIGNATURE
(SEAL)

MY COMMISSION EXPIRES: _____

The above requested Information is necessary for my client's defense and is available through the applicable rules of discovery (G.S. 15A-903 & 905). I understand that the use of this information for any purpose other than those outlined above will result in prosecution under N.C.G.S. § 14-454 (*Accessing Computers*) and any other applicable law(s). I further understand that any misuse of this information obtained through the SBI/DCIN System or fraudulent completion of this document will result in a grievance being filed with the NC State Bar.

Requesting Defense Attorney Information (ONLY ONE ATTORNEY PER FORM)

Attorney's Printed Name		NC State Bar #:
Attorney's Original Signature <small>No Stamps, No Faxed Copies, No Computer Generated Signatures</small>		Date:
Address		Telephone #:

NOTARY PUBLIC

COUNTY OF _____

STATE OF _____

SWORN AND SUBSCRIBED BEFORE ME THIS THE _____

DAY OF _____, 20____.

NOTARY PUBLIC'S SIGNATURE
(SEAL)

MY COMMISSION EXPIRES: _____