



No Drugs, Inc
Phone: 1-800-490-DRUG(3784)
FAX: 510-661-9955

WAIVER/RELEASE

I, _____, hereby authorize and request NO DRUGS, INC. to release all copies of reports pertaining to my evaluation, counseling and/or drug/alcohol test results to:

Family Court Services _____ Case # _____ Dept _____
(County)

Petitioner Counsel _____
(Attorney) (Phone) (Fax)

Respondent Counsel _____
(Attorney) (Phone) (Fax)

Other _____
(Name) (Phone) (Fax)

Signed Date: _____

Witness

3225 Seldon Ct
Fremont, CA 94539

827 Arnold Dr #70
Martinez CA 94553

2559 Lakeshore Blvd #4
Lakeport, CA 95453