**DEFENSE ATTORNEY ACCESS OF SBI/DCI NETWORK FOR**

**NORTH CAROLINA CHRI and/or DRIVER’S ISSUANCE / HISTORY DATA**

**per 14B NCAC 18B .0409**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *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. | **\* \* \* \* \* \* AGENCY USE ONLY \* \* \* \* \* \* \***  *DCIN Operator’s Name:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Date Processed:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **NC Driving History**  **\*\*** Requires original signature of Defense Attorney and must be Notarized. |  |
| **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. |  |

***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\_\_\_\_\_.

MY COMMISSION EXPIRES: \_\_\_\_\_\_\_\_\_\_\_\_

NOTARY PUBLIC’S SIGNATURE

(SEAL)

I understand that the use of this information for any purpose other than those outlined above, any misuse of this information obtained through the SBI/DCIN System, or fraudulent completion of this document may result in criminal, civil or administrative penalties - 14B NCAC 18B .0409

|  |  |  |  |
| --- | --- | --- | --- |
| **Requesting Defense Attorney Information** ***(ONLY ONE ATTORNEY PER FORM)*** | | | |
| *Attorney’s Printed Name* |  | *NC State Bar* #: |  |
| *Attorney’s Original Signature*  **No** Stamps, **No** Faxed Copies,  **No** Computer Generated Signatures |  | *Date:* |  |
| *Address* |  | *Telephone* #: |  |

***NOTARY PUBLIC***

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SWORN AND SUBSCRIBED BEFORE ME THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_.

MY COMMISSION EXPIRES: \_\_\_\_\_\_\_\_\_\_\_\_

NOTARY PUBLIC’S SIGNATURE

(SEAL)