

**LAW OFFICES OF  
TAD J. BISTOR, LLC**

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ALSO ADMITTED IN NEW YORK

**AUTHORIZATION FOR RELEASE OF PROBATION RECORDS**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

I hereby authorize the State of Connecticut Offices of Adult Probation and Bail Services to release to the **Law Offices of Tad J. Bistor, LLC, P.O. Box 1454, Hartford, Connecticut 06144-1454**, or any of its representatives, any information contained within my probation files, including, but not limited to, past or pending criminal charges filed against me and the disposition thereof, background investigations, drug and alcohol test results, intake notes and records, notes and records concerning my adherence to the terms of my probation, and all other records and reports contained in my probation files, and, if requested, to receive photocopies thereof. I further authorize any probation officer handling or having access to my probation records and any representative of the Law Offices of Tad J. Bistor, LLC to freely discuss with each other my criminal, probation, and family court records, as those records relate to my respective criminal and family court cases.

I understand that the records, reports and information to be released may contain information that is protected from disclosure under applicable laws, and hereby waive such protection with regard to disclosure of the above information to the State of Connecticut Offices of Adult Probation and Bail Service and the Law Offices of Tad J. Bistor, LLC. This information, however, shall not be transmitted to anyone else without written consent or other authorization, except for legitimate trial and trial preparation purposes related to my case(s). I also understand that under applicable law, the information disclosed under this authorization may be subject to further disclosure by the recipient and thus, may no longer be protected by federal privacy regulations.

This consent to disclose information may be revoked by me at any time, except to the extent that action has been taken in reliance thereon, upon written notice to the Offices of Adult Probation and Bail Services and/or the Law Offices of Tad J. Bistor, LLC.

**Please honor a photocopy of this Authorization as fully as the original.**

\_\_\_\_\_  
Signature of probationer or probationer's representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of probationer or probationer's representative

\_\_\_\_\_  
If probationer's representative, relationship to probationer