



3rd PARTY RELEASE FORM

Client: _____ DOB: _____
(print full name)

I, _____, do hereby, give permission concerning the release of information concerning the details of my monthly device's reporting to Gene Anthes, Alan Bennett, Thomas Just, and Gary Cohen, (relationship) Attorneys and Legal Counsel.

Further, I give permission for any and all Smart Start employees to communicate directly with, Gene Anthes, Alan Bennett, Thomas Just, and Gary Cohen, concerning my interlock / ~~portable alcohol monitoring~~ (circle one) device and any and all issues having to do with said devices. I understand I may rescind this action in writing at any time.

PERSON RECEIVING 3rd Party Information	
Gene Anthes, Alan Bennett,	
Printed Name:	<u>Thomas Just and Gary Cohen</u>
Gunter, Bennett & Anthes, P.C.	
Mailing Address:	<u>600 West 9th Street</u>
City:	<u>Austin</u> ST: <u>Texas</u> Zip: <u>78701</u>
Telephone: Day:	<u>512-476-2494</u>
Evening:	<u>512-476-2494</u>
Email address:	<u>Gene@GBAFirm.com</u>

Client's signature: _____
Date signed: _____

Witnessed by _____ (signature)
Printed name: _____ Date: _____