

**AUTHORIZATION TO RELEASE INFORMATION
PRIVATE PERSON OR ORGANIZATION
TO PROBATION OFFICER**

TO WHOM IT MAY CONCERN:

I, _____
(NAME) (SSN) (DOB)

the undersigned, hereby authorize the United States Probation Office for the Western District of North Carolina or its authorized representative(s) or employee(s), bearing release or copy hereof, to obtain any information in your files pertaining to any of the following:

EMPLOYMENT AND SOCIAL SECURITY ADMINISTRATION RECORDS (including but not limited to the Detailed Earnings History) under the Freedom of Information Act, **EDUCATION RECORDS** (including but not limited to academic achievement, attendance, athletic, personal history, and disciplinary records), **MEDICAL RECORDS**, **PSYCHOLOGICAL AND PSYCHIATRIC RECORDS** (including any alcohol and substance abuse diagnosis, treatment and after-care), **CREDIT BUREAU REPORTS**, **MILITARY RECORDS**.

I hereby direct you to release such information. This release is executed with full knowledge and understanding that the information is for the United States Probation Office's official use.

I hereby release you, as custodian of such records, from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request for information or any other attempt to comply with it.

Regarding protected health information, I understand that this authorization is valid until my release from supervision, at which time this authorization to use or disclose this information expires. I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

Regarding protected health information, I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to the program's privacy contact at:

(Name and Address of Program)

Regarding protected health information, I understand that if I revoke this authorization to release confidential information, I will thereby revoke my authorization to further disclosure of such information. I also understand that revoking this authorization before I satisfy the condition of my supervision that requires me to participate in the program will be reported to the court. My revocation of authorization under such circumstances could be considered a violation of a condition of my post-conviction supervision.

The information hereby obtained by the aforementioned probation office is to be used only for the purpose of presentence investigations and reports, and, if applicable, for supervision.

(Authorizing Signature)

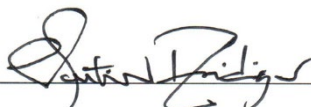

(Name - Printed or Typed)

(Date)

(USPO/Witness Signature)

(Name - Printed or Typed)

This release and request form is approved for official use by the United States Probation Officer by authority of the United States District Court for the Western District of North Carolina.


Martin Reidinger
Chief United States District Judge 



CF-11.0

Page 1 of 1
Reviewed: 1-1-2024

NAME: _____
Last First MI
ID/#: _____ DOB: _____
GENDER IDENTITY: _____ SEX: _____

DISCLOSURE OF INFORMATION AUTHORIZATION

(Also known as ROI)

Facility/ Entity Disclosing the Information:

Name: _____
Address: _____
Phone#: _____ Fax#: _____

Facility/ Entity Receiving the Information

Name: _____
Address: _____
Phone#: _____ Fax#: _____

CONSENT

I hereby give consent to disclose the following information to the facility/entity listed above.

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Records related to treatment of _____ Dates From _____ To _____ | | | |
| <input type="checkbox"/> Physician/Provider's summary of my diagnosis, medication, treatments, prognosis, and recent care. | | | |
| <input type="checkbox"/> Admission Reports | <input type="checkbox"/> Attendance | <input type="checkbox"/> Treatment | <input type="checkbox"/> Reports |
| <input type="checkbox"/> Discharge | <input type="checkbox"/> Diagnosis | <input type="checkbox"/> Progress/Summary | <input type="checkbox"/> Special Studies |
| <input type="checkbox"/> Summary/Reports | <input type="checkbox"/> Medications | <input type="checkbox"/> Progress Notes | <input type="checkbox"/> Imaging Reports |
| <input type="checkbox"/> Mental Health Reports | <input type="checkbox"/> Psychiatric Evaluation | <input type="checkbox"/> Summary Reports | <input type="checkbox"/> Immunization History |
| <input type="checkbox"/> Assessment Information | <input type="checkbox"/> Treatment Plan | <input type="checkbox"/> Psychiatric Summary | <input type="checkbox"/> Other: _____ |

Initials Per the HIPAA Privacy Rule §164.508(c), I understand that once disclosures of the above records have been made, the information may be re-disclosed by the recipient and are no longer protected by federal privacy regulations.

Initials Substance Abuse Treatment History and Counseling Records – Dates: From: _____ To: _____
Per 42CFR Part 2 regulations, I understand that my substance abuse treatment history and counseling records may only be disclosed to the above noted facility and **that any re-disclosure by that facility is strictly forbidden without my specific consent.**

Purpose of Disclosure: ☐ Continuity of care ☐ At my request ☐ Other: _____
I understand that I may revoke this authorization in writing at any time except for any previous disclosures made based upon it.

This authorization expires on this date: _____ OR, upon this event or condition: _____
*If no date or other event is specified, this authorization will expire after one year from today's date.

I sign this willingly, and I release VitalCore Health Strategies, (provider) _____, and the facility from any liability which may result from this disclosure of information.

Patient/Guardian: _____
Name Signature Date Time

Witness: _____
Name Credentials Signature Date Time

REFUSAL

I refuse to share my private Health Care Information at this time. I understand that I may change my mind at any time by notifying Health Services. I assume the risks and consequences of not sharing my health information and release the Health Care Provider, VitalCore Health Strategies, the Facility, and their agents and employees from any liability. The provider will not condition any treatment on my signing of this authorization.

Patient/Guardian: _____
Name Signature Date Time

Witness: _____
Name Credentials Signature Date Time

A witness signature is only required if the Patient is unwilling to sign the consent form or an impairment is identified.

Write "Pt declined or is unable to sign" on the Patient signature line.

Patients with Guardianship or Durable Power of Attorney (DPOA) papers cannot sign consent. The Guardianship or DPOA papers must be in the chart.

**UNITED STATES DISTRICT COURT
NORTH CAROLINA WESTERN
PROBATION OFFICE**



PERSONAL AND FAMILY HISTORY

PLEASE COMPLETE THE REQUESTED INFORMATION BELOW:

(Attach Additional Pages if Necessary)

The United States Probation Office ("USPO") requests this information as part of its duty to undertake a presentence investigation pursuant to Federal Rule of Criminal Procedure 32(c). The USPO may include the information provided in the defendant's presentence report, but it will not use the information for any other purpose. The presentence report will be disclosed to defense counsel, counsel for the U.S. government, and the U.S. District Court responsible for sentencing, and it may be disclosed to the U.S. Parole Commission and the Federal Bureau of Prisons. Subject to those exceptions, the USPO will not disclose the information provided to any other entity.

Defendant's Name: _____

WDNC Docket No: _____

Failure to disclose requested information may adversely affect your defendant in sentencing designation and Bureau of Prisons programming (mental health, substance abuse, education, etc.). A presentence report cannot be changed once sentencing has occurred.

True/Complete/Full Name:

--

Other Names Used by Defendant: *Include maiden or married names, alternate names or nicknames.*

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Please list an individual who can verify the information contained in these documents:

Name:

Relationship:

Contact Number:

--	--	--

NC Driver's License Number: _____

Social Security #: _____

Date of Birth: _____

Place of Birth:

City	County	State

Tattoos/Scars/Marks: _____

U.S. Citizen Citizen of Another Country: _____
(name of country)

What is your status in the United States?

☐ Legal Alien ☐ Naturalized Citizen ☐ Permanent Resident Alien

Other: _____

If not a United States citizen, when did you first enter the United States? _____

Defendant's Address:

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If you have lived outside of North Carolina, list the other states where you have resided:

Dates:	State:

Dates:	State:

Dates:	State:

Dates:	State:

Dates:	State:

Dates:	State:

Parents' Names:

Name of Biological Mother	City & State	DOB or Age
Name of Biological Father	City & State	DOB or Age

Step-Parents:

Name	City & State	DOB or Age

Name	City & State	DOB or Age

Name of any other individual(s) who were responsible for your childhood upbringing:

Name	Relationship	Age	City & State

Brother(s) and Sister(s) Name(s):

Name	City & State	DOB or Age

Spouse(s)/Significant Other(s) Name(s): *List the name(s) of your current and/or former spouse(s) or current significant other(s), if applicable. List the date (approximate if date unknown) of the marriage(s).*

Name & DOB or Age	City & State	Spouse?	Date of Marriage	Date of Divorce
		Y N		
		Y N		
		Y N		

Children's Names: *List the names of any children you may have (include their age, who they reside with and where, and other parent's name and frequency of contact with children; if applicable; include the amount of financial support you provide.*

Name & Age	With whom do they reside? (Name, City, & State)	Other Parent's Name	Frequency of Contact & Child Support Status

Educational Record: *High School, GED, College, Vocational Training, etc.*

Name of School	City & State	Dates Attended	Graduate	Name of Degree/Program
			Y N	
			Y N	
			Y N	
			Y N	
			Y N	

Do you wish to participate in available educational programs through the Bureau of Prisons, if offered?

Yes _____ No _____

Military History: *Include branch(es) of service, date of enlistment, type and date of discharge, specialization, awards or medals and special skills.*

Branch	Date of Enlistment	Date & Type of Discharge	Specialization, Awards, etc.

Employment: *List employment for past ten years (include name of business or company, your title or duties, whether you were paid hourly or salary). Include your reason for leaving each employment. Additional pages can be added if necessary.*

Dates of Employment	Employer's Name, City & State	Position Held	Salary or Hourly Wage	Reason for Leaving

Physical Health: *Provide information about any current or ongoing medical issues regarding your physical health. Note any medications you have been prescribed (please note if current). Please provide address of provider, if known.*

Medical Condition:	Date, Location & Treatment Provider:	Medication:

Mental Health: *Provide information about any current or past mental health condition, including depression, anxiety, psychiatric issues, etc. Note whether you are currently being treated for any conditions, or were treated in the past. Includes dates, places of treatment, and addresses if known. List any medications you have been prescribed (please note if current).*

Medical Condition:	Date, Location & Treatment Provider:	Medication:

Do you wish to participate in available mental health treatment programs through the Bureau of Prisons, if offered?

Yes _____ No _____

Substance Abuse: *Provide information about any current or past substance abuse (including controlled substances, pharmaceutical drug addictions or issues, alcohol-related problems).*

Substance	Age of First Use	Frequency	Last Used
Alcohol			
Marijuana			
Cocaine			
Crack Cocaine			
Heroin			
Methamphetamines			
Prescription Opiates			
Club/Designer Drugs (Ecstasy, GHB)			
Hallucinogens (PCP, LSD)			
Amphetamines			
Benzodiazepines			
Other Drug:			

If you have participated in substance abuse treatment, please complete the following (provide address if known):

Dates of Treatment:	Treatment Provider/Facility, City & State (including while incarcerated):	Treatment Completed?

Do you wish to participate in available substance abuse treatment programs through the Bureau of Prisons, if offered?

Yes _____ No _____

Have you ever filed for bankruptcy: Yes _____ No _____

Location:

Date & Chapter Filing:

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What other factors about your personal life that we have not addressed do you believe are important for the Court to know before imposing a sentence?

**DECLARATION OF DEFENDANT OR
OFFENDER NET WORTH & CASH FLOW
STATEMENTS**

Docket No.: _____

I, _____, residing at _____,
in the city (or county) of _____, in the state of _____,
have completed the attached:

☐ Net Worth Short Form Statement (Prob. Form 48EZ) and

☐ Cash Flow Statement (Prob. Form 48B)

that fully describe my financial resources, including a complete listing of all assets owned or controlled by me as of this date and any transfers or sales of assets since my arrest. The Cash Flow Statement (Prob. Form 48B) also includes my financial needs and earning ability and the financial needs and earning ability of my spouse (or significant other) and my dependent(s) living at home.

I declare under penalty of perjury that the foregoing is true and correct.

False statements may result in revocation of supervision, in addition to possible prosecution under the provisions of 18 U.S.C. § 1001 which carries a term of imprisonment of up to 5 years and a fine of up to \$250,000, or both.

(Defendant' Signature)

(Social Security Number)

Executed on:

(Date)

Net Worth Statement (Short Form)

Instructions

Having been convicted in the United States District Court, you are required to prepare and file with the probation officer an affidavit fully describing your financial resources, including a complete listing of all assets you own or control as of this date and any assets you have transferred or sold since your arrest. Amendments were made to 18 U.S.C. §§ 3663(a)(1)(B)(i), 3664(d)(3), and 3664(f)(2), and Rule 32(d)(2)(D) to clarify that the assets owned, jointly owned, or controlled by a defendant, and liabilities, are all relevant to the court's decision regarding the ability to pay. Your Net Worth Statement should include assets or debts that are yours alone (I-Individual), assets or debts that are jointly (J-Joint) held by you and a spouse or significant other, assets or debts that are held by a spouse or significant other (S-Spouse or Significant Other) that you enjoy the benefits of or make occasional contributions toward, and assets or debts that are held by a dependent (D-Dependent) that you enjoy the benefits of or make occasional contributions toward. The court may require relating to such other factors as the court deems appropriate (see 18 U.S.C. § 3664(d)(3)).

If you are placed on probation or supervised release (or other types of supervision), you may be periodically required to provide updated information fully describing your financial resources and those of your dependents, as described above, to keep a probation officer informed concerning compliance with any condition of supervision, including the payment of any criminal monetary penalties imposed by the court (see 18 U.S.C. § 3603).

Please complete the Net Worth Short Form Statement in its entirety. You must answer "None" to any item that is not applicable to your financial condition. Attach additional pages if you need more space for any item. The Probation Officer may request supporting documentation for all entries at a later time.

NOTE: I = Individual J = Joint S = Spouse/Significant Other D = Dependent

Include below all cash on hand, bank accounts, securities, money owed to you by others, life insurance, safe deposit boxes or storage facilities, motor vehicles, real estate, mortgage loans owed to you, other assets, anticipated assets, and business holdings.

Include below all assets transferred or sold since your arrest with a cost or fair market value of more than \$500.00, or assets that someone else is holding on your behalf.

Identify below any assets you will liquidate to satisfy any criminal monetary penalty that may be imposed, and/or describe the prospect of increase in assets.

LIABILITIES

Include below all charge accounts and lines of credit, mortgage balances, other debts, civil suits, and bankruptcy filings.

[illegible]

Monthly Cash Flow Statement

Instructions

Having been convicted in the United States District Court, you are required to prepare and file with the probation officer a statement fully describing your financial resources, including a complete listing of all monthly cash inflows and outflows.

If you are placed on probation or supervised release (or other types of supervision), you may be periodically required to provide updated information fully describing your financial resources and those of your spouse, significant others, or dependents, as described above, to keep a probation officer informed concerning compliance with any condition of supervision, including the payment of any criminal monetary penalties imposed by the court (see 18 U.S.C. § 3603).

Amendments were made to 18 U.S.C. §§ 3663(a)(1)(B)(i), 3664(d)(3), and 3664(f)(2), and Rule 32(d)(2)(D) to clarify that the assets owned, jointly owned, or controlled by a defendant, liabilities, and the financial needs and earning ability of a defendant and a defendant's dependents are all relevant to the court's decision regarding a defendant's ability to pay. Your Cash Flow Statement should include assets or debts that are yours alone (I-Individual), assets or debts that are jointly (J-Joint) held by you and a spouse or significant other, assets or debts that are held by a spouse or significant other (S-Spouse or Significant Other) that you enjoy the benefits of or make occasional contributions toward, and assets or debts that are held by a dependent (D-Dependent) living in your home that you enjoy the benefits of or make occasional contributions toward.

Please complete the Monthly Cash Flow Statement in its entirety. You must answer "None" to any item that is not applicable to your financial condition. Attach additional pages if you need more space for any item. The Probation Officer may request supporting documentation for all entries at a later time.

MONTHLY CASH FLOW STATEMENT

Monthly Cash Inflows

Defendant	Gross	Net
Your Salary/Wages (List both monthly gross earnings and take-home pay after payroll deductions.)		
Your Cash Advances (List all payroll advances or other advances from work.)		
Your Cash Bonuses (List all payments from work in addition to your salary that are not an advance.)		
Commissions (List all non-employee earnings as an independent contractor.)		
Business Income (List both monthly gross income and net income after deducting expenses.)		
Interest (List all interest earned each month.)		
Dividends (List all dividends earned each month.)		
Rental Income (List all monthly income received from real estate properties owned.)		
Trust Income (List all trust income earned each month.)		
Alimony/Child Support (List all alimony or child support payments received each month.)		
Social Security (List all payments received from Social Security.)		
Other Government Benefits (List all amounts received from the government not yet reported (e.g., Aid to Families with Dependent Children.)		
Pensions/Annuities (List all funds received from pensions and annuities each month.)		
Allowances-Housing/Auto/Travel (List all funds received from housing allowances, auto allowances, travel allowances, and any other kind of allowance.)		
Gratuities/Tips (List all gratuities and tips received each month from any and all sources.)		
Spouse/Significant Other Salary/Wages (List all gross and net monthly salary and wages received by your spouse or significant other.)		
Other Joint Spousal Income (List any monthly income jointly earned with your spouse or significant other [e.g., any income from spouse or income from a business owned or operated by the spouse that you have a joint ownership interest in or control]).		
Income of Others In-House (List all monthly income of others living in the household or the monthly amount actually paid for household bills by these persons.)		
Gifts from Family (List all amounts received as gifts from family members each month.)		
Gifts from Others (List all gifts received from any sources not yet reported.)		
Loans from Your Business (List all loan amounts received each month from all businesses owned or controlled by you.)		
Mortgage Loans (List all amounts received each month from mortgage loans owed to you.)		
Other Loans (List all other loan amounts received each month not yet reported.)		
Other (specify) (List all other amounts received each month not yet reported.)		
TOTALS		

Necessary Monthly Cash Outflows	
	Amount
Rent or Mortgage (List monthly rental payment or mortgage payment.)	
Groceries (List the total monthly amount paid for groceries and number of people in your household.) # _____	
Utilities (List the monthly amount paid for electric, heating oil/gas, water/sewer, telephone, and basic cable.)	
Electric	
Heating Oil/Gas	
Water/Sewer	
Telephone	
Basic Cable (no premium channels)	
Transportation (List monthly amount paid for gasoline, motor oil, necessary auto repairs, or the cost of public transportation.)	
Insurance (List the monthly amount paid for auto, health, homeowner/rental, and life insurance.)	
Auto	
Health	
Homeowner/Rental	
Life	
Clothing (List the monthly amount actually paid for clothing.)	
Loan Payments (List all monthly amounts paid toward verified loans, other than loans to family members, which are non-allowable expenses.)	
Credit Card Payments (List all monthly credit card or charge card payments.)	
Medical (List all monthly payments for necessary medical care or treatment.)	
Alimony/Child Support (List all alimony or child support payments made each month.)	
Co-payments (List the total monthly payments made for electronic monitoring and drug and mental health treatment.)	
Other (specify) (List all other necessary monthly amounts paid each month not yet reported.)	
Other Factors That May Affect Monthly Cash Flow (Describe)	
TOTAL	
NET MONTHLY CASH FLOW: _____ (CASH INFLOWS LESS NECESSARY CASH OUTFLOWS)	
MONTHLY CRIMINAL MONETARY PENALTY PAYMENT: \$ _____	
PROSPECT OF INCREASE IN CASH INFLOWS (Give a general statement of the prospective increase of the value of any cash inflows reported.)	

**U.S. PROBATION OFFICE
WESTERN DISTRICT OF NORTH CAROLINA**

Acceptance of Responsibility

Defendant

Docket Number

In order to qualify for a reduction for acceptance of responsibility pursuant to USSG §3E1.1, the defendant should truthfully admit the conduct comprising the offense(s) of conviction, and truthfully admit, or not falsely deny, any additional relevant conduct.

The above statement best describes my involvement in the instant offense(s) and addresses the elements of each offense(s) of conviction.

Signed:_____

(If more space is needed, please attach additional pages)