

**DEFENSE ATTORNEY ACCESS OF SBI/DCI NETWORK FOR
NORTH CAROLINA CHRI and/or DRIVER'S ISSUANCE/HISTORY DATA**

I, Martin Taylor, of Martin Taylor, PLLC 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 #	N/A
				*Social Security Number is optional.	
Case Docket #		County	Gast.	Court Date	

Information Requested	
NC Criminal History Record Information** (QHNC/QRNC & Purpose Code PA) <small>** Requires original signature of Defense Attorney and must be Notarized.</small>	<input type="checkbox"/>
NC Driving History <small>** Requires original signature of Defense Attorney and must be Notarized.</small>	<input type="checkbox"/>
Out-of-State Driving History*** <small>*** Requires original signatures of Defense Attorney and Defendant/Driver. Both signatures must be Notarized. *** Requires Defendant/Driver's written consent.</small>	<input checked="" type="checkbox"/>

(AGENCY USE ONLY)
DCIN Operators Name: _____
Date Processed: _____

← Defendant - Fill Out This Section Only →

DEFENDANT / DRIVER'S WRITTEN CONSENT FOR RELEASE OF PERSONAL INFORMATION

I, _____ (printed name of motorist), authorize the Gast. Cty. Sheriff's Office (name of agency) to disclose or otherwise make available to my attorney, Martin Taylor (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)

The above requested Information is necessary for my client's defense and is available through the applicable rules of discovery (G.S. 15A-903 & 905). I understand that the use of this information for any purpose other than those outlined above will result in prosecution under N.C.G.S. § 14-454 (Accessing Computers) and any other applicable law(s). I further understand that any misuse of this information obtained through the SBI/DCIN System or fraudulent completion of this document will result in a grievance being filed with the NC State Bar.

Requesting Defense Attorney Information (ONLY ONE ATTORNEY PER FORM)			
Attorney's Printed Name	<u>Martin Taylor</u>	NC State Bar #	<u>36304</u>
Attorney's Original Signature <small>No Stamps, No Faxed Copies, No Computer Generated Signatures</small>		Date	
Address	<u>431 S. York St. Gastonia, NC 28052</u>	Telephone #	<u>704-675-9939</u>

NOTARY PUBLIC
COUNTY OF Gaston STATE OF North Carolina
SWORN AND SUBSCRIBED BEFORE ME THIS THE _____ DAY OF _____, 20____.
MY COMMISSION EXPIRES: 9/16/2020

NOTARY PUBLIC'S SIGNATURE
(SEAL)