

**DEFENSE ATTORNEY ACCESS OF SBI/DCI NETWORK FOR
NORTH CAROLINA CHRI and/or DRIVER'S ISSUANCE/HISTORY DATA
per 14B NCAC 18B .0409**

I, L. 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 #: *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.	<input type="checkbox"/>
NC Driving History ** Requires original signature of Defense Attorney and must be Notarized.	<input type="checkbox"/>
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.	<input type="checkbox"/>

* * * * * AGENCY USE ONLY * * * * *
DCIN Operator's 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 Gaston County Sheriff's Office (name of agency) to disclose or otherwise make available to my attorney, L. 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____.

NOTARY PUBLIC'S SIGNATURE
(SEAL) MY COMMISSION EXPIRES: _____

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	L. Martin Taylor	NC State Bar #: 36304
Attorney's Original Signature <small>No Stamps, No Faxed Copies, No Computer Generated Signatures</small>		Date:
Address	431 S. York St., Gastonia, NC 28052	Telephone #: 704-675-9939

NOTARY PUBLIC
COUNTY OF Gaston STATE OF North Carolina
SWORN AND SUBSCRIBED BEFORE ME THIS THE _____ DAY OF _____, 20____.

NOTARY PUBLIC'S SIGNATURE
(SEAL) MY COMMISSION EXPIRES: _____