

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

I, *Arthur M. Blue*, of **Arthur M. Blue Law Office, P.A. 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 Defendant Attorney and must be Notarized.	<input type="checkbox"/>
NC Driving History **Requires original signature of Defendant Attorney and must be Notarized.	<input type="checkbox"/>
Out-of-State Driving History **Requires original signatures of Defendant Attorney and Defendant/Driver. Both signatures must be Notarized. ***Requires Defendant/Driver's written consent.	<input checked="" type="checkbox"/>

*****AGENCY USE ONLY*****
DCIN Operators Name: _____
Date Processed: _____

<u>DEFENDANT/DRIVER'S WRITTEN CONSENT FOR RELEASE OF PERSONAL INFORMATION</u>	
I, _____ (printed name of motorist), authorize the _____ (name of agency) to disclose or otherwise make available to my attorney, <u>Arthur M. Blue</u> (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
<u>NOTARY PUBLIC</u> 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	Arthur M. Blue	NC State Bar #: 17339
Attorney's Original Signature <small>No Stamps, No Faxed Copies No Computer Generated Signatures</small>		Date:
Address	P.O. Box 1540, Carthage, NC 28327	Telephone #: (910) 947-1500

<u>NOTARY PUBLIC</u> COUNTY OF MOORE SWORN AND SUBSCRIBED BEFORE ME THIS THE ____ DAY OF _____, 20_____. _____ NOTARY PUBLIC'S SIGNATURE (SEAL)	STATE OF NORTH CAROLINA _____ MY COMMISSION EXPIRES: _____
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