

Office of the
WYANDOTTE COUNTY
DISTRICT ATTORNEY



DISTRICT ATTORNEY
Mark A. Dupree, Sr.

29TH JUDICIAL DISTRICT OF KANSAS

Community Integrity Unit
General Authorization for Release of Information

The undersigned hereby authorizes the members of the Wyandotte County District Attorney's Office, Community Integrity Unit (CIU), to thoroughly investigate my claims of wrongful conviction and/or actual innocence.

I understand that to thoroughly investigate all credible and verifiable claims, the CIU may need to gather records and locate and interview those who have supporting information about the claims, including attorneys who have previously represented me. By my initials below, I hereby authorize the Community Integrity Unit to speak to the following people and/or gather the following records:

_____ Medical information (also known as Protected Health Information or PHI) from the dates of _____ to _____.

_____ Prior attorney files

_____ Interview previous legal counsel

_____ Interview named persons in support of the claims

_____ Incarceration records (including, but not limited to, conduct violations)

_____ Confidential records (including, but not limited to, financial/banking records, and the records of government agencies such as SRS/DCF and others)

_____ Any other records not named above that may prove pertinent to the investigation of my claim

Office of the Wyandotte County District Attorney

Address: 710 N. 7th Street, Suite 10, Kansas City, Kansas 66101-3051

Telephone (913) 573-2851 * Fax (913) 573-2948

I understand that I may revoke this authorization at any time and ask the CIU to end its investigation of my claims. I further understand that not agreeing to release information does not bar my case from review, but the CIU may consider such refusal in determining whether to accept or decline my case for further review. I voluntarily choose to release information for the above-initialed counsel and/or agencies, and said authorization expires one year from the date executed.

_____)
Date

_____)
Applicant

State of _____)
County of _____) ss:

On this, the _____ day of _____, 20____, before me personally appeared _____, known to me, or satisfactorily proven, to be the person whose name is subscribed to the above instrument, and acknowledged that he/she executed the same for purposes therein contained as his or her own free act and deed.

In witness hereof, I hereunto set my hand and official seal.

Notary Public

My Commission expires: _____