

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

I, Richard J. Costanza, of Law Office of Richard J. Costanza, P.A., in accordance with N.C.G.S. § 15A-141, represent the defendant identified below and have entered the named criminal/infraction case:

<b>Identifying Information</b>			
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:	

<b>Information Requested</b>	
NC Criminal History Record Information** (QHNC/QRNC & Purpose Code PA) **Requires original signature of Defendant Attorney and must be Notarized.	
NC Driving History **Requires original signature of Defendant Attorney and must be Notarized.	
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.	X

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

<b><u>DEFENDANT/DRIVER'S WRITTEN CONSENT FOR RELEASE OF PERSONAL INFORMATION</u></b>	
I, _____ (printed name of motorist), authorize the _____ (name of agency) to disclose or otherwise make available to my attorney, <u>Richard J. Costanza</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 <b>Original</b> Signature	_____ Date
<b><u>NOTARY PUBLIC</u></b> COUNTY OF _____ STATE OF _____ SWORN AND SUBSCRIBED BEFORE ME THIS THE ____ DAY OF _____, 20____.	
_____ NOTARY PUBLIC'S SIGNATURE (SEAL)	MY COMMISSION EXPIRES: _____

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.

<b>Requesting Defense Attorney Information (ONLY ONE ATTORNEY PER FORM)</b>		
Attorney's Printed Name	Richard J. Costanza	NC State Bar #: 20915
Attorney's Original Signature No Stamps, No Faxed Copies No Computer Generated Signatures		Date:
Address	375-F SE Broad Street Southern Pines, NC 28387	Telephone #: (910) 692-7121

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