

COUNTY JUVENILE PROBATION
CONSENT AND RELEASE TO AUDIOTAPE

Date:

Juvenile's Name:

Case #:

I understand that audio taping of interviews, intake sessions, and other probation meetings is the practice of the Lehigh County Juvenile Probation Office and that this audio taping is done for the purposes of supervision, enhancing interventions, staff training, staff skill development, and quality assurance.

I understand that this consent to audiotape is voluntary, will not impact positively or negatively on my probationary status and may not be used against me. Refusal to consent to taping will also have no bearing on my probationary status.

I further understand that I, or my parent, may revoke this consent at any time with no consequences. Unless revoked, this release will remain valid from the date of my signature throughout the length of my period of probation or until (date) _____.

I understand that these tapes may be reviewed by staff and trainers of the LEHIGH County Juvenile Probation Office and utilized as a training tool for both my assigned Juvenile Probation Officer as well as other Juvenile Probation Officers.

I further understand that no copies of the tape will be made and that tapes will be destroyed within 60 days of completion of observation and discussion by probation staff and trainer.

I understand that the Lehigh County Probation Office, its Juvenile Probation Officers and staff shall not be held responsible for any use of audiotapes containing my voice by any unauthorized user or third party, and I hereby release and hold harmless the Lehigh County Probation Office, its Juvenile Probation Officers and staff from any and all liability for damages of whatever kind, character or nature which may at any time result from this Consent and Release.

Signature of Probation Officer/Date

Printed Name of Probation Officer

Signature of Parent or Legal Guardian/Date

Printed Name of Parent or Legal Guardian

Signature of Juvenile/Date

Printed Name of Juvenile