

**SAMPSON COUNTY SHERIFF'S OFFICE  
 DEFENSE ATTORNEY ACCESS OF SBI/DCI NETWORK  
 DRIVER'S ISSUANCE & DRIVER'S HISTORY**

I, \_\_\_\_\_, of \_\_\_\_\_ Law Firm in accordance with N.C.G.S. § 15A-151 represent the person identified below in the identified infraction/criminal case:

Identifying Information			
Defendant's Name:			
Date of Birth:		Race:	Sex:
Operator's License #:		Issuing State:	
*Social Security #:		Case Docket #:	
County:		Court Date:	

\*Social Security Number is not required.

Information Requested	
NC Driving History	<input type="checkbox"/>
Out of State Driving History (Include State & OL #)	<input type="checkbox"/> /

(SHERIFF'S OFFICE USE ONLY)
DCIN Operator's Name: _____
Date Processed: _____

**CLIENT'S CONSENT (For Out-of-State Requests)**

I, \_\_\_\_\_, authorize the Sampson County Sheriff's Office to disclose or otherwise make available to my 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.

Client Signature \_\_\_\_\_ Date: \_\_\_\_\_

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/DCI System or fraudulent completion of this document will result in a grievance being filed with the NC State Bar.

Requesting Attorney Information (ONLY ONE ATTORNEY PER FORM)			
Attorney's Printed Name:		NC State Bar #:	
Attorney's Original Signature: <small>No Stamps or Computer Generated Signatures</small>		Date:	
Address:			
Telephone #			

County of \_\_\_\_\_  
 State of \_\_\_\_\_

Sworn and subscribed before me this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
 My Commission Expires: \_\_\_\_\_

Notary Public's Signature  
 (Seal)

District Attorney's Authorization: <small>(Notary Not Required if Signed by District Attorney or Assistant District Attorney)</small>	
Signature _____	Date _____
Printed Name _____	