



## Report Release Form Victorian Court Ordered

### Participant Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Education Agency Information

Alcohol Education Agency: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Appointment Date: \_\_\_\_\_

Court Date: \_\_\_\_\_

First time to Court for the Removal Order:  Y  N

Under the current re-licensing scheme Smart Start Interlocks is required to release alcohol interlock data to participants selected Victorian Accredited Driver Education Agency, who are responsible for providing assessments to the courts & VicRoads.

By completing this form and signing it, I \_\_\_\_\_ hereby authorise Smart Start Interlocks to release reports that contain data on the use of the interlock device and any other information pertaining to my participation in, or compliance or non-compliance with the requirements of the Victorian Court Ordered Interlock Program.

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

**\*Please be aware Smart Start does not supply reports directly to the Courts.**

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