

**JEFFERSON DISTRICT COURT
MENTAL INQUEST/DISABILITY DIVISION**

I do hereby authorize the Mental Inquest Division of the Jefferson County District Court Clerk's Office to release any information regarding myself to me or to the Louisville Metro Private Security Authority or its Representative. This is necessary as I am applying for, or renewing a license to operate as an armed private security officer. I recognize this information is confidential and is being released for the limited purpose as stated herein.

PERSONAL INFORMATION

NAME: _____
ADDRESS: _____
CITY, STATE: _____
AND ZIP CODE: _____
SOCIAL SECURITY NUMBER: _____
HEIGHT _____ WEIGHT _____ GENDER _____ RACE _____
(FOR IDENTIFICATION PURPOSES)
SIGNATURE: _____

Subscribed and sworn to before me by the above named person this _____ day of _____, 20____.

My commission expires _____.
NOTARY PUBLIC

* * * * *

FOR OFFICIAL USE ONLY

The above referenced individual has not been / has been (circle one) the subject of a mental inquest.

ORDER

Pursuant to the above request and the Court being otherwise sufficiently advised. IT IS HEREBY ORDERED that _____ be allowed to inquire into the status of the above mentioned individual regarding any mental inquest case. In entering this order the Court has duly inquired into the basis for the above motion and finds that the reasons therefore are adequate to support the entry of the above order.

JUDGE JEFFERSON DISTRICT COURT

DATE