

AUTHORIZATION FOR RELEASE OF PRESENTENCE INVESTIGATION REPORT

(Federal PSI / PSR)

Only used if Defendant is unable to obtain a copy of their PSI from their case District.

To:

Chief United States Probation Officer
United States Probation Office

District:

Street address:

City, State ZIP:

Re:

Name of Defendant:

Date of Birth:

Register Number (if incarcerated):

Criminal Case Number:

Sentencing Date:

Sentencing Judge: Hon.

I, the defendant named above, am the defendant in the above-captioned federal criminal case. I hereby authorize the United States Probation Office for the district named above to release to my attorney a complete copy of my Presentence Investigation Report (PSI/PSR), including any addendum, revisions, and related presentence materials maintained in my probation file.

Attorney authorized to receive the report:

Name:

Law firm / office:

Address:

Telephone:

Email:

Bar number / jurisdiction:

Purpose of release:

My attorney is representing me in post-conviction matters and needs the report in order to advise and represent me. I request that the report be provided to counsel only, and that it remain confidential except as necessary for that representation.

I understand that the presentence report is a confidential court document. I authorize this disclosure only to the attorney named above and to persons working under that attorney's direction on my case.

I also authorize the Probation Office to verify my identity using my date of birth and case number and, if I am incarcerated, my Bureau of Prisons register number.

This authorization is valid for one (1) year from the date of my signature, unless I revoke it sooner in writing.

I declare under penalty of perjury under the laws of the United States of America that I am the person named above and that this authorization is voluntary.

Date:

Signature:

Printed name:

Optional witness (if signed in custody)

Witness name / title:

Witness signature:

Date:

Attorney Name:

Counsel for:

Firm:

Address:

Phone | Email: