

Smart Start Interlocks Client Report Release Form

Client Information

First Name _____ Last Name _____

Date of Birth ____/____/____

Address _____

Phone Number _____

Email _____

Alcohol 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, Victoria is required to release alcohol interlock data to clients selected Victorian Accredited Driver Education Agency, who are responsible for providing assessments to the courts & Vic Roads. By Filling in this form and signing it, I hereby authorise Smart Start Interlocks Victoria to release reports that contain data on the use of the equipment and any other information pertaining to the client's 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.**

