

**DELAWARE COUNTY PUBLIC DEFENDER
BACKGROUND CHECK CONSENT FORM**

I hereby authorize Delaware County to conduct and obtain a background check in connection with my Financial Disclosure/Affidavit of Indigency. I authorize Delaware County to obtain any information that may be sought relating to the information provided on my financial Disclosure/Affidavit, including my employment, financial status (including credit report and credit rating) and character, and I hereby waive any privileges and release Delaware County and all referring entities from any liability involved in producing this information.

I understand that receipt of continuation of legal representation will be contingent upon the result of any background check that I have so authorized. If provisional services are provided prior to completion of the background check, I understand that I will be required to reimburse Delaware County for any services provided for which I am not entitled pursuant to the background check. I further understand that false or inaccurate statements on my Financial Disclosure/Affidavit of Indigency will (a) because for the removal or discontinuation of legal representation services (b) require me to reimburse Delaware County for the cost of representation already provided; and (c) subject me to criminal charges.

Applicant Name Printed

Social Security Number

Applicant Signature

Date