

PERMISSION SLIP FOR VICTIMS OF DUI
PLEASE MAIL OR FAX COMPLETED FORM TO
MADD SOUTHEAST PA
1100 E. Hector St. Suite #440
Conshohocken, PA 19428
PHONE 610-825-4902 FAX 610-825-4903

I HEREBY GIVE THE DELAWARE COUNTY DISTRICT ATTORNEY'S OFFICE
PERMISSION TO RELEASE MY NAME, ADDRESS AND PHONE NUMBER TO MADD.
I AM AWARE THAT I MAY CONTACT MADD AT 800-948-6233 FOR INFORMATION.
I UNDERSTAND THAT MADD MAY CONTACT ME TO INTRODUCE ME TO THE SERVICES
PROVIDED BY MADD AND EXPLAIN HOW THEY MAY ASSIST AND SUPPORT ME.

NAME _____

ADDRESS _____

PHONE NUMBER _____

CELL PHONE NUMBER _____

SIGNATURE

DATE
