



Administrative Driver's License Revocation Office ("ADLRO")

American Savings Bank Tower

1001 Bishop Street, Suite 500

Honolulu, Hawai'i 96813

Telephone: (808) 534-6800 / Fax: (808) 534-6888

Toll Free Number: 1-866-826-5656

Website: www.courts.state.hi.us/courts/administrative/adlro.html

NOTICE OF REPRESENTATION AND AUTHORIZATION FOR RELEASE OF INFORMATION

Respondent's Name: _____ **Please type**
Last Four Digits of SSN: _____ **or print all**
Case Number: _____ **information.**
Date of Arrest: _____
Today's Date: _____

I, the above-named Respondent, have retained the following attorney to represent me in all matters relating to the above-referenced case.

Attorney's Name: _____

Address: _____

Phone Number: _____

I authorize ADLRO to furnish my attorney, or my attorney's authorized representative, with any information, reports, or copies of records, including protected health information, which may be requested by my attorney. I understand that protected health information may include information related to treatment for alcohol and drug abuse. I further authorize my attorney to act on my behalf in all proceedings before the ADLRO including, but not limited to, the platform in which my ADLRO hearing is conducted (e.g., telephone, interactive conference technology, or in person). I understand that this authorization remains valid until revoked by me in writing.*

Respondent's Signature

Signature of Parent or Legal Guardian If
Respondent Is a Minor

Print Name and Relationship of Parent or
Legal Guardian to Respondent

* Records maintained by ADLRO constitute public records and may be made available for public inspection.