OCEAN COUNTY PROSECUTOR'S OFFICE
CONSENT FOR
MENTAL HEALTH RECORDS SEARCH

This consent MUST be completed by the firearm applicant.
Failure to consent requires denial or disapproval of the application

N.J.S.A. 30:4-24.3 provides that all records of any individual's commitment to a non-correctional institution for mental health reasons shall be confidential and shall not be disclosed except in limited circumstances or with the consent of the individual.

PART ONE (To be completed by the applicant)

Name: *(Last, Maiden, First, Full Middle Name)*	**Gender**	**Date of Birth:** *(Month, Day, Year)*	**Social Security #:** **See Privacy Act Notice Below.*

Have you been known by any additional names, aliases or maiden names other than the above? If yes, indicate below. If no, write "Not Applicable"

Address: *(Number & Street)*	*(Municipality)*	*(County)*	*(State)*

List Prior Addresses for past 10 years: ❑ NOT APPLICABLE

ADDRESS 1: Dates Resided *From:* _____ *To:* _____

(Number & Street)	*(Municipality)*	*(County)*	*(State)*

ADDRESS 2: Dates Resided *From:* _____ *To:* _____

(Number & Street)	*(Municipality)*	*(County)*	*(State)*

I, _____ am aware of my rights under NJS.A. 30:4-24.3, and the Health Insurance Portability and Insurance Accountability Act (HIPAA), 45 C.FR. 164-50, and consent to the disclosure of my mental health records, including disclosure of the fact that said records may have been expunged, to the Ocean County Prosecutor and the Superintendent of the State Police, or their designees, for the purpose of verifying my firearms permit application and my fitness to own a firearm under NJS.A. 2C: 58-3. ***I understand that copies of this authorization shall be considered sufficient authorization for the release of records or for the disclosure of the fact of expungement.***

_____ _____
Investigating Police Department Witness (Print Name)

X _____
Signature of Witness

X _____ _____
Signature of Applicant *Date*

* Applicant's Social Security Number is requested pursuant to N.J.S.A. 2C:58-3(e) and disclosure is voluntary. The number will be used to expedite the application. Without this number, the processing of the application may be delayed. This number is considered confidential.

PART TWO (To be completed by County Adjuster's Office, Mental Health Institution and/or Doctor)

Please check the appropriate box:

- ❑ **No Record**
- ❑ **Involuntary Commitment**
- ❑ **Voluntary Admission**
- ❑ **Record Expunged / Date:** _____
- ❑ **Evaluation Only (No Commitment or Admission)**
- ❑ **Other**

Date of Record Search:

_____
County Adjuster's Office, Institution, and/or Doctor
(Dr.: Provide Medical License #)

_____ X _____
Print Name *Signature*

PART THREE (To be completed by authorized official or doctor only if applicant has record of admission, commitment, or treatment at a hospital, mental institution or sanitarium for a mental disorder)

NAME OF HOSPITAL, MENTAL INSTITUTION OR SANITARIUM	ADMISSION *(mo/day/yr)*		DISCHARGE *(mo/day/yr)*	SIGNATURE OF AUTHORIZED OFFICIAL OR DOCTOR
_____	_____	to	_____	_____
_____	_____	to	_____	_____

CONSENT FOR MENTAL HEALTH RECORDS SEARCH, continued

PART ONE (To be completed by the applicant), continued

Name: *(Last, Maiden, First, MI)*	**Gender**	**Date of Birth** *(Month-Day-Year)*	**Social Security #:** **See Privacy Act Notice below.*

Address #: 3 *From:* _____ *To:* _____

(Number & Street)	*(Municipality)*	*(County)*	*(State)*

Address #: 4 *From:* _____ *To:* _____

(Number & Street)	*(Municipality)*	*(County)*	*(State)*

Address #: 5 *From:* _____ *To:* _____

(Number & Street)	*(Municipality)*	*(County)*	*(State)*

Address #: 6 *From:* _____ *To:* _____

(Number & Street)	*(Municipality)*	*(County)*	*(State)*

Address #: 7 *From:* _____ *To:* _____

(Number & Street)	*(Municipality)*	*(County)*	*(State)*

Address #: 8 *From:* _____ *To:* _____

(Number & Street)	*(Municipality)*	*(County)*	*(State)*

Address #: 9 *From:* _____ *To:* _____

(Number & Street)	*(Municipality)*	*(County)*	*(State)*

Address #: 10 *From:* _____ *To:* _____

(Number & Street)	*(Municipality)*	*(County)*	*(State)*