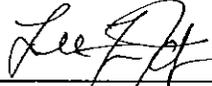


1 IT IS HEREBY ORDERED authorizing the provider to disclose information related to the following types of care:

- 2
- Behavioral Health Care/Psychiatric Care/Mental Health Information
 - Alcohol and/or Drug Abuse Treatment
- 3

4 DATED this 24th day of December, 2014.

5 

6 JUDGE OF THE SUPERIOR COURT
LEE F. JANTZEN

7 A copy of the foregoing
sent this same day to:

8 GREGORY A. MCPHILLIPS 
9 DEPUTY COUNTY ATTORNEY

10 HARRY MOORE
11 PUBLIC DEFENDER 
Mohave County Public Defender's Office
12 P O Box 7000
Kingman AZ 86402

13 ROI department
14 Mohave Mental Health
3505 Western Ave.,
Kingman, Arizona 86409

15 By _____
16

17
18
19
20 DISTRIBUTED BY 
21 ON 12/24/14