

# GREENE COUNTY PUBLIC DEFENDER

**Public Defender**  
Angelo F. Scaturro

**First Assistant Public Defender**  
Christina F. Myers

Greene County Office Building  
411 Main Street, 2nd Floor  
Catskill, New York 12414  
(518) 719-3220 - Telephone  
(518) 719-3785 - Facsimile

**Assistant Public Defenders**  
Jon A. Kosich  
Olivia A. Lieber  
Bethene A. Lindstedt  
William R. S. Myers

## AUTHORIZATION

The undersigned does hereby authorize and permit the Public Defender of Greene County, his assistants, investigators, or agents to obtain, receive, copy, discuss or in any way whatsoever avail themselves to any and all information contained in my files.

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Witness

Dated: \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_, New York