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MARION COUNTY DISTRICT ATTORNEY  
P.O. BOX 14500, 555 COURT ST NE  
SALEM, OREGON 97309

Date: \_\_\_\_\_

To: \_\_\_\_\_  
Attorney At Law

Re: State of Oregon vs. \_\_\_\_\_

DA# \_\_\_\_\_

This is to notify you that your client, \_\_\_\_\_, is the listed victim in the above-referenced case. We need your permission in order for our office to have contact with your client in regard to this criminal case. Please indicate below whether we do or do not have your permission for this contact and fax it to the Marion County District Attorney's Office, ATTN: \_\_\_\_\_, DDA. The fax number is 503-373-4348. Please note that if contact is not allowed, court notices for your client will be sent to you to forward to your client.

Thank you.

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The Marion County District Attorney's Office

- Has
- Does not have

permission to contact my client, \_\_\_\_\_, in regard to the above-referenced criminal case, in which my client is a listed victim.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

G:\VAD Admin\Forms\Atty Waiver Forms\Atty Waiver w\_1 def & 1\_vic  
11/9/18