

FAIRBORN MUNICIPAL COURT  
TEXTING RELEASE FORM  
PLEASE PRINT CLEARLY

CASE # \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ Sr.: \_\_\_\_\_ Jr.: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ APT #: \_\_\_\_\_

CITY \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PREFERRED CELL NUMBER: \_\_\_\_\_

MAY WE SEND TEXT MESSAGES TO YOU AT THIS NUMBER (CIRCLE ONE) YES NO

- IF YOUR CONTACT INFORMATION CHANGES, IT IS YOUR RESPONSIBILITY TO COMPLETE A NEW FORM IF YOU WISH TO CONTINUE TO RECEIVE TEXT MESSAGES.

YOU MAY RECEIVE TEXT MESSAGES FOR THE FOLLOWING:

COURT HEARINGS  
MONTHLY PAYMENT REMINDERS  
PROBATION REPORTING

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I UNDERSTAND STANDARD MESSAGE AND DATA CHARGES FROM MY CELL CARRIER MAY APPLY WHEN RECEIVING TEXT MESSAGES. BY SIGNING BELOW I ACKNOWLEDGE FAIRBORN MUNICIPAL COURT MAY SEND TEXT MESSAGES TO MY CELLPHONE FOR NOTIFICATION OF COURT HEARINGS, PAYMENT REMINDERS, OR PROBATION APPOINTMENTS.

SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_