







**HILLBROOK**  
**COUNTY OF ONONDAGA**  
*Department of Probation*

4949 Velasko Road  
Syracuse, New York 13215-0237  
(315) 435-1421 Fax: (315) 435-2671  
www.ongov.net

**Jacqueline DeNero**  
*Director of Juvenile Justice and Detention Services*

**Al Giacchi**  
*Commissioner of Probation*

**CONFIDENTIALITY STANDARDS AGREEMENT**

I understand that my duties at Hillbrook Detention Facility will permit my access to confidential information, records, and materials related to residents and staff. In view of this fact, I understand that I am not permitted to divulge any confidential information obtained while performing duties at Hillbrook to any person other than persons officially assigned to a case, or otherwise authorized as recipients of confidential information by the Director of Juvenile Justice and Detention Services, or by the written consent of the subject resident or staff.

I understand that confidential information shall include, but not be limited to, any and all information related to a resident's case including charges; family information; school, medical, or health information; psychiatric, or psychological information; addresses or phone numbers related to residents, staff or their families; mail; behavioral evaluations; probation, OCFS, DSS, or Family Court reports or information; and any other information that is considered personal to an individual. In addition, I understand that all confidential matters shall be handled professionally and not made light of, ridiculed, or otherwise misused or used for personal gain.

I understand the above and agree to abide by these confidentiality standards. In addition, I understand that violation of these standards could subject me to Civil and Criminal liability.

Signed:

STATE OF NEW YORK  
COUNTY OF ONONDAGA

Sworn to me before this  
day of , 20

(Notary Public)



Since 1794

# Onondaga County Sheriff's Office

407 South State Street  
Syracuse, New York 13202  
Records Section (315) 435-3010

## Criminal History Records Check

\*\*\* Not Valid Without Onondaga County Raised Seal \*\*\*

Print or Type Information AND Submit with Authorizing Party's Original Signature

I, the undersigned, hereby authorize the Onondaga County Sheriff's Department to release to HILLBROOK  
DETENTION FACILITY any Sheriff's Department records or police records that may be associated with  
the Sheriff's Records, located in the central repository for such police / criminal history records, on file under the  
following name (s).

Legal Name

(Last Name)

(First Name)

(Middle Initial)

Also Know As (AKA)

Maiden Name

(Last Name)

(First Name)

(Middle Initial)

Date of Birth

Social Security #

Current Address

Previous Address

It is understood that this search is of Sheriff and associated police records and may or may not include information from other police agencies. The authorizing party hereby agrees to indemnify and save harmless the Onondaga County Sheriff's Department, it's officers and employees from and against any and all claims, demands, actions, suits, and proceedings by others against all liability to others, including but not limited to any liability for damages by reason of or arising out of any cause or action whatsoever, and against any loss, cost, expense or damages resulting therefrom, arising from or involving any negligence on the part of the authorizing party in the execution of this criminal history records check. This form is an official document of the Onondaga County Sheriff's Office therefore any alteration or false information provided will result in criminal prosecution.

Signature

Date

<p>Sheriff's Records Reveal ( Yes / No ) Police Record Under Name (s) Indicated</p> <p>Searched By: _____</p> <p>Date: _____</p> <p><i>Valid Only with Onondaga County Raised Seal</i></p>
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Date

Charge (s)

Agency

Notice: This form must be notarized if not presented in person.

Notary Public