



COLORADO

Office of Children,
Youth & Families

Division of Youth Services

**COLOARDO DEPARTMENT OF HUMAN SERVICES
DIVISION OF YOUTH SERVICES
SPECIAL REQUEST TO PHOTOGRAPH YOUTH**

Youth Information: _____
(Name) (Date of Birth)

Attorney Information: _____
(Name) (Firm)

I, _____, request to take photos of my client, _____ (hereinafter "client")
(attorney for youth) (name of youth)

during a professional visit.

Terms and Conditions:

As part of the request to take photographs of my client, I certify and agree, to the following:

- I have the legal authority to take photographs of my client as part of my representation of my client.
- The requested photos are necessary for the legal representation of my client.
- I will only photograph my client; No other youth will be captured in the photo(s).
- I will not photograph my client's genitalia or buttocks.
- I agree to cease taking photos of my client if, at any time, my client withdraws consent or otherwise indicates that he or she does not want to be photographed.
- Any photos taken of my client will be used solely for purpose of the legal representation of my client and shall not be released to the public.
- As the lead attorney, I agree and certify that all members of my client's legal team are bound to the terms of this agreement.
- Nothing in this agreement shall prohibit the release of the photograph(s) of my client to appropriate authorities or social services if abuse or neglect of my client is suspected.

(Signature of Youth -required) (Date)

(Signature of Attorney for Youth) (Date)

(Signature of Facility Director or Designee) (Date)