



Legal Visit Request

Name of Inmate/Probationer/Parolee: _____

Name of Representing Law Firm: _____ Contact Person: _____

Address: _____ Telephone: _____

This visit is requested for: Date: _____ Time: _____

This visit will be conducted by:

Attorney, Name: _____ Bar # _____ State _____

Paralegal or Legal Representative, Name: _____

Paralegal Driver's License Identification Number: _____

Place of Birth: _____ Date of Birth _____

Legal Visit Requirements

- This firm must have a current attorney-client relationship with this inmate, probationer, or parolee for legal visit approval.
- If the legal visit is approved, the attorney, paralegal, or legal representative are authorized to bring pens, paper, and legal documents into the facility only; any other items must be approved in advance as requested below.
 - Laptop computer
 - Computer data storage device (disc, flash drive), specify type, number: _____
 - Other items, specify: _____
- All items entering the facility are searched, inventoried and, other than legal documents delivered to the inmate, probationer, or parolee removed from the facility at the conclusion of the visit. Laptop computers approved for entry must not be connected to the DOC network and must not be used give an inmate, probationer, or parolee internet access or access to send or receive emails. The use of non-DOC storage devices with DOC equipment is prohibited.
- The attorney and their legal representative must present a government-issued photo identification and their State Bar Association card or a signed letter on the firm's letterhead authorizing the legal representative to visit on the attorney's behalf in order to enter the facility.
- Photograph, audio, or video recording made at the facility without specific prior approval of the Facility Unit Head is prohibited.
- A law firm attorney is requesting that the above listed legal representative(s) be allowed to visit with the listed inmate, probationer, or parolee to represent the firm in the transaction of legal business. On behalf of this firm, the attorney also provides:
 - Certification of the representative's ability to perform in this role and awareness of the responsibility of this position.
 - A pledge to provide general supervision of the legal representative's activities
 - Acceptance of personal and professional responsibility for all acts of the legal representative that may affect the facility, its inmates, probationers or parolees, and DOC employees.

Signature of Law Firm Attorney _____ State Bar # _____ Date _____

Facility Review

Person Contacted _____	Date _____	Time _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Confirmation Obtained
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Referred to Facility Unit Head _____ Name, Title, Signature _____

