



Legal Visit Request

Name of Offender: _____

Name of Representing Law Firm: _____

Address: _____

Telephone: _____

This firm does, does not have a current attorney-client relationship with this offender.

Primary Contact Person: _____

This visit will be conducted by:

Attorney, Name: _____ Bar # _____ State _____

Paralegal or Legal Representative, Name: _____

Paralegal Driver's License Identification Number: _____

Date and Place of Birth: _____

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

Approval of this request authorizes the attorney, paralegal, or legal representative to bring pens, paper, and legal documents into the facility; any other items must be requested and approved in advance.

I request to bring in the following: Laptop computer

Computer data storage device (disc, flash drive), specify type, number: _____

Computers shall not be connected to the Department of Corrections network. Computers shall not be used to give offenders access to the internet and shall not be used to send or receive e-mails for offenders.

Other items, specify: _____

All items brought in must be searched, inventoried, and, other than legal documents delivered to the offender, removed from the facility at the conclusion of the visit.

There shall be no photograph, audio, or video recording made at the facility.

Each person wishing to enter a facility for a legal visit shall present a government-issued photo identification and a State Bar Association card or signed letter on legal firm letterhead authorizing the visit on the attorney's behalf.

I hereby request that the above listed legal representative(s) be allowed to visit with the listed offender to represent this firm in the transaction of legal business. On behalf of this firm I also provide:

1. Certification of the representative's ability to perform in this role and awareness of the responsibility of this position.
2. A pledge to provide general supervision of the representative's activities and
3. Acceptance of personal and professional responsibility for all acts of the representatives that may affect the facility, its offenders, and staff.

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

TO BE COMPLETED BY VADOC PERSONNEL

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