



California
Department of
Corrections and
Rehabilitation

Operations Manual
Supplement
(DOM)

Chapter	5 Custody/Security Operations
Article	21 Inmate Use of Telephones
Section	52060 Confidential Telephone Calls

52060.8
Confidential
Telephone Calls
(ASU)

Correctional Counselors II, Litigation Coordinator, or designee may authorize emergency confidential telephone calls to an inmate's attorney or another person when, in the judgment of the designated staff, such a confidential call is warranted. Court-ordered telephone calls to an inmate's attorney must be cleared through the Litigation Coordinator for approval. Approval and clearance for a confidential phone call between an inmate and their attorney shall be conducted according to Section 3282 of the Title 15. A California Department of Corrections and Rehabilitation (CDCR) Form 106-A is required prior to the approval of a confidential phone call. The CDCR Form 106-A is retained in the Litigation Office. The CDCR Form 106-A shall be updated regularly, but no less frequently than annually.

Inmates who have been granted pro per status by the Superior Court of California have certain privileges guaranteed by the CDCR. Pro per inmates shall be afforded telephone usage in preparation of their case; however, all telephone calls shall be collect calls and confidential. If the pro per inmate is housed in administrative segregation, the telephone call must be approved by the supervisor or the administrator of the unit. The Litigation Coordinator will verify if an inmate has been granted pro per status.

Authorized confidential calls shall not be monitored or recorded. However, inmates will be under constant visual observation during the confidential phone call. Confidential calls shall not be placed on designated inmate telephones.

JEFF MACOMBER
Warden

NAF

Date

READ CAREFULLY. Please **PRINT** or **TYPE**. The information requested will be used by officials of the California Department of Corrections and Rehabilitation (CDCR) to determine whether your questionnaire will be approved or disapproved. The information provided will be maintained in a file pertaining to the inmate.

In accordance with the Privacy Act of 1974 (PL93-579), providing your Social Security number is optional. However, any omission or falsification on this questionnaire may be cause for denial of the confidential phone call. Please mail this form directly to the Litigation Coordinator's office of the institution where the inmate is confined.

1. NAME OF INMATE YOU WANT TO CALL (LAST, FIRST, MIDDLE)				INMATE'S CDC NUMBER	
2. YOUR NAME (Print your name exactly as indicated on the photo identification you will be using)			SUFFIX (Jr., Sr., etc.)		OFFICE TELEPHONE NUMBER ()
3. MAIDEN NAME (if applicable)		HAVE YOU EVER USED ANOTHER NAME? IF SO, PLEASE LIST			FAX NUMBER ()
4. DATE OF BIRTH (Mo/Day/Yr)	AGE	GENDER (Check one) MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	BIRTHPLACE (City County State Country)		
5. ID NUMBER	ID TYPE <input type="checkbox"/> DRIVER'S LICENSE	BAR / P. I. NUMBER		BAR STANDING (Check one) <input type="checkbox"/> Verified <input type="checkbox"/> Unverified	
OFFICIAL USE ONLY EXPIRATION DATE:	ISSUED BY: (County State Country)				6. SOCIAL SECURITY NUMBER (Optional)
7. CURRENT MAILING ADDRESS: STREET ADDRESS Apt. # (if Applicable)			CITY	STATE	ZIP CODE
8. HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> Yes <input type="checkbox"/> No			If YES, complete Item 9A. List all detentions, arrest and convictions. Failure to list all requested information may result in denial of your confidential phone call. Attach additional sheet(s) if necessary.		
9. OFFENSE (Check one)	APPROX. DATE	DISPOSITION: (Dismissed, Probation, Jail, Prison)		COUNTY	STATE

**Attorney or Attorney's representative must provide a written request, on official letterhead, indicating the purpose for the confidential phone call.*

Signature of Requestor _____		Date _____		Signature of CLETS Operator _____		Date _____	
APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/>		Signature of Litigation Coordinator _____				Date _____	
OFFICIAL USE ONLY - TO BE COMPLETED BY INSTITUTION STAFF							

APPROVED ☐ DISAPPROVED ☐ (If DISAPPROVED, the applicant is to be informed in writing of the disapproval.)

REASON FOR DISAPPROVAL:

PRINT NAME	SIGNATURE	TITLE	INSTITUTION	DATE