

REVISED 07/09

**CALIFORNIA STATE PRISON-CORCORAN  
 SECURITY CLEARANCE FORM  
 ATTORNEY / PRIVATE INVESTIGATOR / COURT REPORTER  
 4001 KING AVE  
 CORCORAN, CA 93212  
 OFFICE 559-992-9464 FAX 559-992-7372**

NAME: \_\_\_\_\_ MALE:  FEMALE:   
LAST FIRST INITIAL

INMATE: \_\_\_\_\_ CDC#: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_  
(SSN OPTIONAL; HOWEVER, EXCLUDING IT MAY DELAY PROCESSING)

STATE BAR #: \_\_\_\_\_ P.I. NO: \_\_\_\_\_ OTHER (SPECIFY): \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ PURPOSE/LENGTH OF VISIT: \_\_\_\_\_

LAW FIRM OR COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

TELEPHONE #: \_\_\_\_\_ FAX NO: \_\_\_\_\_

ARE YOU THE COURT APPOINTED ATTORNEY/P.I.? : \_\_\_\_\_

Have you ever been arrested? ..... Yes:  No:   
 Are you now on probation or parole? ..... Yes:  No:   
 Do you know or are you related to any inmates or parolee? ..... Yes:  No:

IF YOU ANSWERED YES TO ANY OF THESE QUESTIONS, PLEASE EXPLAIN ON SEPARATE SHEET OF PAPER.

The following are some of the rules and regulations enforced within this institution:

- NO visitor will carry, convey, or make accessible to any inmate within the institution any intoxicant, drug, firearm, weapon or any other contraband articles.
- NO visitor is permitted to carry/convey messages, written or oral without permission from the institution.
- NO visitor is permitted to give/receive article, gift, food, or money to or from inmates without permission.
- NO blue jeans/denim allowed; must have a current valid California Driver's License or picture I.D. card.
- Bring only paperwork related to the specific case you are here to investigate/interview for.

I HAVE READ THE ABOVE RULES AND AGREE TO COMPLY.  
 I UNDERSTAND THAT I AM SUBJECT TO A SEARCH AT ANY TIME.

\_\_\_\_\_  
 APPLICANT SIGNATURE DATE

<b>CSP-COR STAFF ONLY</b> Submitted by Freddy Juarez, OA(T) Ext 5667	
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED
CLETS OPERATOR _____	DATE _____
VISITING LT SIGNATURE _____	DATE _____
AA/PIO SIGNATURE _____	DATE _____
VALID THROUGH _____	

**ATTORNEY'S DECLARATION:**

I declare (check and initial all that apply)

- \_\_\_\_\_  I am the inmate's attorney at his request.
- \_\_\_\_\_  I am the inmate's attorney by appointment of the court.
- \_\_\_\_\_  I have been requested by a judge to interview the inmate for purposes of possible appointment as council by the same court.
- \_\_\_\_\_  I am requesting to visit an inmate who may be a witness directly relevant to a legal process, purpose, or proceeding.
- \_\_\_\_\_  I am seeking to interview a named inmate, at the request of the inmate, for the purpose of representation of the inmate in a legal process, for a legal purpose or in a legal proceeding.
- \_\_\_\_\_  I have been requested by a third party to consult with the inmate when the inmate cannot do so because of a medical condition, disability, or other circumstance.
- \_\_\_\_\_  I am designating the following private investigator to assist or act on my behalf. (PI must provide valid copy of PI license/identification. [CCR Title 15, Section 3178 (c) (3) (C)])

\_\_\_\_\_  
NAME OF LICENSED PI (AS IT APPEARS ON LICENSE)

\_\_\_\_\_  
PI LICENSE NUMBER

- \_\_\_\_\_  I am designating or sponsoring the following person(s) to assist or act on my behalf, and accept responsibility for all their actions while on institutional grounds. [CCR Title 15, Section 3178 (c) (3) (C)]

**I understand that any false statement or deliberate misrepresentation of facts specific to the information requested above shall be grounds for denying the request and/or cause for subsequent suspension or exclusion from all institutions/facilities administered by the department.**

\_\_\_\_\_  
Requesting Attorney's Name

\_\_\_\_\_  
Attorney's Signature

\_\_\_\_\_  
Date