STATE OF CALIFORNIA – DEPARTMENT OF CORRECTIONS AND REHABILITATION EDMUND G. BROWN JR., GOVERNOR

**DIVISION OF ADULT INSTITUTIONS**

**DEUEL VOCATIONAL INSTITUTION**

23500 Kasson Road

P. O. Box 400

Tracy, California 95378

**To Whom It May Concern:**

You recently inquired about the information requirements needed to schedule an Attorney Visit. Visiting days and hours for attorney/attorney representatives are Wednesday through Friday between 0900 hours and 1500 hours. Please mail, email or fax your request on your business letterhead stationery, to include the date and time for the Attorney Visit.

**The California Code of Regulations, Title 15, Section 3178(d) states the following:**

(d) An attorney who wishes to consult in person with an inmate shall contact the institution/facility at which the inmate is housed. The request shall be made by calling or writing (including via facsimile) the staff designated (usually the litigation coordinator) in the institution/facility operational supplement. In order to obtain approval/clearance, **the attorney shall provide the following personal and professional information in writing (including via facsimile):** name; mailing address; date of birth, valid driver’s license or state-issued identification card number; proof of current registry and good standing with a governing bar association; and indication of the jurisdiction(s) licensed to practice law. Requesting attorneys must also report any prior felony convictions, explain any prior suspension or exclusion from a correctional facility and declare one or more of the following:

(1) They are the inmate’s attorney either by appointment, by the court or at the inmate’s request;

(2) They have been requested by a judge to interview a named inmate for purposes of possible appointment as counsel by the same court;

(3) They are requesting to visit an inmate who may be a witness directly relevant to a legal process, purpose, or proceeding;

(4) They are 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.

(5) They 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.

**For persons working on behalf of an attorney**, i.e. investigators, paralegals, etc., the information listed below is also required **in addition to the attorney information required in the questionnaire.** *For example*, on his/her letterhead stationery, signed by the attorney, a declaration that the person is sponsored by the attorneyand accepts responsibility for all their actions.

**The California Code of Regulations, Title 15, Section 3178(c) states the following:**

(c) An attorney or court may designate other persons to act on their behalf as attorney representatives.

(1) Attorney representatives must be one of the following:

(A) A private investigator licensed by any state and sponsored by the attorney or appointed by the court.

(B) An investigator who is employed by a government agency, public agency or public institution.

(C) A law student sponsored by the attorney.

(D) A legal para-professional sponsored by the attorney or appointed by the court.

(E) An employee of an attorney, legitimate legal service organization, or licensed private investigator who is sponsored by the attorney or licensed private investigator.

(2) Personnel retained by an attorney or attorney representative, including, but not limited to certified sign language interpreters, certified language interpreters and court reporters may accompany the attorney or attorney representative during the private consultation and are required to provide the information requested in (c)(3) below. Licensed mental or medical health

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care professionals may also serve as attorney representatives and do not have to be accompanied by the attorney.

(3) **The designation *shall* be in writing and signed by the attorney and/or judge**, and shall contain the following:

(A) The **designee’s name and position of employment or Title**.

(B) The **designee's date of birth, driver's license and social security number.**

(C) **Certification**, in the form of a license that the representative is a licensed private investigator retained by the attorney or appointed by the court; or valid identification that the investigator is employed by a government agency, public agency, or public institution; or a letter in the form of a declaration, that the attorney representative is being sponsored by the attorney and that **the attorney accepts responsibility for all actions taken by the attorney representative.**

For your convenience, I have included an Attorney Declaration, which you may attach to your request letter. Please complete these forms and return them either by fax or mail.

If the information you submit is incomplete, we will contact you. Once completed, we will conduct a verification of the attorney(s), attorney representative or other sponsored visitor’s credentials through the governing State Bar or Consumer Affairs then conduct a California Law Enforcement Telecommunications System check through the Department of Justice. We ask for at least **three (3) business days’ notice** to schedule an attorney visit. Once the clearance and credentials have been obtained and approved, you will be contacted by the Litigation Office to schedule the Attorney Visit.

If you have any questions regarding your request, please contact the DVI Court Litigation Office at your earliest convenience.

Contact information for the DVI Court Litigation office is as follows:

Litigation Assistant (209) 835-4141 x6222 DVI Litigation Coordinator

Litigation Coordinator (209) 835-4141 x6228 P.O. Box 400

Litigation Unit Fax (209) 830-3922 Tracy, CA 95378-0400

Curtis E. Gamble, CCII

Litigation Coordinator

Deuel Vocational Institution

**ATTORNEY’S DECLARATION: California Code of Regulation, Title 15, section 3178(d)**

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 or sponsoring the following person(s) to act on my behalf,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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.

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Requesting Attorney’s Name (Print) Attorney’s Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bar #

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date