

Litigation Department  
2737 West Cecil Avenue  
P.O. Box 567  
Delano, Ca 93216  
(661) 721-2345 extension 5020/5021  
(661) 721-6205 (fax)

## NORTH KERN STATE PRISON

To:		From:	F. Coté Litigation Coordinator
Fax:		Pages:	6 including Cover Sheet
Phone:			
Re:		CC:	

Urgent For Review       Please Comment       Please Reply       Please Recycle

● Comments:

Please review the attached paperwork carefully. After completion of the security clearance form, the Attorney's Declaration and the Primary Rules and Regulations, please fax them to our office. **We will contact you within 5 business days to advise if you are cleared or not.**

Attorney/Legal Visits are scheduled on **Tuesdays and Thursdays between the hours of 8:00 – 2:00 pm. The visits are NON-Contact and up to only ONE hour in length.**

Purses, cell phones, iPods, electronic tablets, and cameras are **NOT** allowed inside the institution. Ensure these items remain in your vehicle.

**\*\*IMPORTANT!** Please ensure you contact this office the day before you are scheduled to meet with your client to verify he is still housed at North Kern State Prison.

Should you have any questions or concerns, *you may contact: Irene Cavasos, Office Assistant at (661) 721-2345 extension 5021 or I at (661) 721-2345 extension 5020.*

Thank you.

F. Coté  
Litigation Coordinator  
North Kern State Prison

**CONFIDENTIAL: ATTORNEY-CLIENT/ATTORNEY WORK PRODUCT** This facsimile may contain personal information that is protected by State and Federal statutes. If you are not the intended recipient, please call the sender immediately. Any unauthorized release of personal information is punishable by civil or criminal penalties.

**DIVISION OF ADULT INSTITUTIONS**  
**NORTH KERN STATE PRISON**  
 2737 West Cecil Avenue  
 P. O. Box 567  
 Delano, California 93216



### To Whom It May Concern:

You recently inquired about the information requirements needed to schedule an attorney visit. On your letterhead stationery, please mail or fax your request. If you already have a specific date and time for the attorney visit, please include this.

### 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 the person is sponsored by the attorney and 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 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.**

Attached are a Security Clearance form, CDCR 181, Primary Rules and Regulations form, and Attorney Declaration, which you may attach to your request letter. Please complete these forms and return them by fax or mail.

If the information you submit is incomplete, we will contact you. If it is complete, we will conduct a verification of the attorney's 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 request at least five business days notice to schedule an attorney visit. Once the clearance and credentials have been obtained and approved, you will be to schedule the attorney visit.

If you have not been contacted in two business days, or have questions regarding your request, please call.

Telephone numbers of the Litigation Office:

Litigation Coordinator	(661) 721-2345 extension 5020
Litigation Assistant	(661) 721-2345 extension 5021
Litigation's Fax	(661) 721-6205

FLORENCE COTÉ  
Litigation Coordinator  
North Kern State Prison

Attachments

**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.

\_\_\_\_\_  
Requesting Attorney's Name (Print)

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

\_\_\_\_\_  
Bar #

\_\_\_\_\_  
Date

# NORTH KERN STATE PRISON SECURITY CLEARANCE FORM

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

ALIAS OR MAIDEN NAME: \_\_\_\_\_

FOR ATTORNEYS ONLY: INMATE'S NAME: \_\_\_\_\_ CDCR#: \_\_\_\_\_

CASE#: \_\_\_\_\_ SUPREME COURT OR APPELLATE: \_\_\_\_\_ COUNTY: \_\_\_\_\_

REQUESTED DATE(S) OF VISIT: \_\_\_\_\_ REQUESTED TIME OF VISIT: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ DRIVER'S LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_

WEIGHT: \_\_\_\_\_ SOCIAL SECURITY # (OPTIONAL FOR ATTORNEYS): \_\_\_\_\_

HAIR COLOR: \_\_\_\_\_ STATE BAR #: \_\_\_\_\_ PI#: \_\_\_\_\_ STATE: \_\_\_\_\_

EYE COLOR: \_\_\_\_\_ AREA TO BE VISITED: BPH

RACE: \_\_\_\_\_ PURPOSE OF VISIT: \_\_\_\_\_

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

EQUIPMENT/MATERIALS TO BE BROUGHT IN (ATTACH ADDITIONAL SHEETS IF NECESSARY): \_\_\_\_\_

Request Vehicle Clearance	Make	Model	Color	Year
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, <u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

NAME OF EMPLOYER: \_\_\_\_\_

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

TELEPHONE #: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

IDENTIFYING MARKS/SCARS: \_\_\_\_\_

Have you ever been arrested? .....	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Are you now on probation or parole? .....	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Do you know or are you related to any inmates or parolee? .....	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Do you visit any other CDCR facilities? .....	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>

IF YOU HAVE ANSWERED YES TO ANY OF THESE QUESTIONS, PLEASE EXPLAIN ON SEPARATE SHEET OF PAPER AND ATTACH TO THIS FORM.

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 or gray jeans/denim allowed; must have a current valid California Driver's License or picture I.D. card.

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

TO BE COMPLETED BY THE REQUESTING DEPARTMENT

REQUESTING EMPLOYEE: \_\_\_\_\_ SUPERVISOR SIGNATURE: \_\_\_\_\_

The requesting employee must ensure a CDCR 181 "PRIMARY LAWS, RULES, AND REGULATIONS REGARDING CONDUCT AND ASSOCIATION WITH STATE PRISON INMATES" form is read and signed by the visitor and accompanies this completed form.

\*\*\*THIS FORM MUST BE ATTACHED TO THE REQUEST FOR SECURITY CLEARANCE\*\*\*

CONFIDENTIAL DOCUMENT

**STATE OF CALIFORNIA  
PRIMARY LAWS, RULES, AND REGULATIONS REGARDING  
CONDUCT AND ASSOCIATION WITH STATE PRISON INMATES  
CDC 181 (Rev 5/98)**

Individuals who are not employees of the California Department of Corrections (CDC), but who are working in and around inmates who are incarcerated within California's institutions/facilities or camps, are to be apprised of the laws, rules and regulations governing conduct in associating with prison inmates. The following is a summation of pertinent information when non-departmental employees come in contact with prison inmates.

1. Persons who are not employed by CDC, but are engaged in work at any institution/facility or camp must observe and abide by all laws, rules and regulations governing the conduct of their behavior in associating with prison inmates. Failure to comply with these guidelines may lead to expulsion from CDC institutions/facilities or camps.

**SOURCE:** California Penal Code (PC) Sections 5054 and 5058; California Code of Regulations (CCR), Title 15, Sections 3285 and 3415

2. CDC does not recognize hostages for bargaining purposes. CDC has a "NO HOSTAGE" policy and all prison inmates, visitors, and employees shall be made aware of this.

**SOURCE:** PC Sections 5054 and 5058; CCR, Title 15, Section 3304

3. All persons entering onto institution/facility or camp grounds consent to a search of their person, property or vehicle at any time. Refusal by individuals to submit to a search of their person, property or vehicle may be cause for denial of access to the premises.

**SOURCE:** PC Sections 2601, 5054 and 5058; CCR, Title 15, Sections 3173, 3177, and 3288

4. Persons normally permitted to enter an institution/facility or camp may be barred, for cause, by the CDC Director, Warden and /or Regional Parole Administrator.

**SOURCE:** PC Sections 5054 and 5058; CCR, Title 15, Section 3176 (a)

5. It is illegal for an individual who has been previously convicted of a felony offense to enter into CDC institutions/facilities or camps without the prior approval of the Warden. It is also illegal for an individual to enter onto these premises for unauthorized purposes or to refuse to leave said premises when requested to do so. Failure to comply with this provision could lead to prosecution.

**SOURCE:** PC Sections 602, 4570.5 and 4571; CCR, Title 15, Sections 3173 and 3289

6. Encouraging and/or assisting prison inmates to escape is a crime. It is illegal to bring firearms, deadly weapons, explosives, tear gas, drugs or drug paraphernalia on CDC institutions/facilities or camp premises. It is illegal to give prison inmates firearms, explosives, alcoholic beverages, narcotics, or any drug or drug paraphernalia, including cocaine or marijuana.

**SOURCE:** PC Sections 2772, 2790, 4533, 4535, 4550, 4573, 4573.5, 4573.6 and 4574

7. It is illegal to give or take letters from prison inmates without the authorization of the Warden. It is also illegal to give or receive any type of gift and/or gratuities from prison inmates.

**SOURCE:** PC Sections 2540, 2541 and 4570; CCR, Title 15, Sections 3010, 3399, 3401, 3424 and 3425

8. In an emergency situation the visiting program and other program activities may be suspended.

**SOURCE:** PC Section 2601; CCR, Title 15, Section 3383

9. For security reasons, visitors must not wear clothing that in any way resembles state issued prison inmate clothing (blue denim shirts, blue denim pants).

**SOURCE:** CCR, Title 15, Section 3171 (b) (3)

10. Interviews with SPECIFIC INMATES are not permitted. Conspiring with an inmate to circumvent policy and/or regulations constitutes a rule violation that may result in appropriate legal action.

**SOURCE:** CCR, Title 15, Section 3261.5, 3315 (3) (W), and 3177.

**I HEREBY CERTIFY AND ACKNOWLEDGE I HAVE READ THE ABOVE AND FULLY UNDERSTAND THE IMPLICATIONS REGARDING MY CONDUCT AND ASSOCIATION WITH PRISON INMATES. I ALSO UNDERSTAND VIOLATION OF ANY OF THE ABOVE COULD RESULT IN EXPULSION FROM A CDC INSTITUTION/FACILITY OR CAMP WITH THE POSSIBILITY OF CRIMINAL PROSECUTION.**

VISITOR'S NAME AND TITLE (Print)	VISITOR'S SIGNATURE	DATE SIGNED
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