

**ATTORNEY VISIT QUESTIONNAIRE**

Date: \_\_\_\_\_

Attorney Name: \_\_\_\_\_  
(Please print)

Mailing Address: \_\_\_\_\_

Phone #: Voice \_\_\_\_\_ FAX: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State \_\_\_\_\_

SS# (optional for attorney only): \_\_\_\_\_

State Bar #: \_\_\_\_\_

Prior felony convictions, prior suspensions or exclusion from any correctional facility (if "none" please state): \_\_\_\_\_

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

**Attorney Representative(s) Identifying Information:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State \_\_\_\_\_

Social Security #: \_\_\_\_\_

Prior felony convictions, prior suspensions or exclusion  
from any correctional facility \_\_\_\_\_  
(if "none" please state)

\_\_\_\_\_  
Signature

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State \_\_\_\_\_

Social Security #: \_\_\_\_\_

Prior felony convictions, prior suspensions or exclusion  
from any correctional facility \_\_\_\_\_  
(if "none" please state)

\_\_\_\_\_  
Signature

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State \_\_\_\_\_

Social Security #: \_\_\_\_\_

Prior felony convictions, prior suspensions or exclusion  
from any correctional facility \_\_\_\_\_  
(if "none" please state)

\_\_\_\_\_  
Signature

I DECLARE THAT THE ABOVE NAMED REPRESENTATIVE/REPRESENTATIVES IS/ARE ACTING ON BY BEHALF FOR THE PURPOSE OF CONDUCTING INMATE INTERVIEWS. I ACCEPT RESPONSIBILITY FOR ALL ACTIONS TAKEN BY SAID REPRESENTATIVE(S) DURING INTERVIEWS WHILE ON INSTITUTIONAL GROUNDS.

\_\_\_\_\_  
ATTORNEY SIGNATURE

**DECLARATION\***

INMATE NAME: \_\_\_\_\_ CDCR#: \_\_\_\_\_

I, \_\_\_\_\_ (Attorney Name), hereby declare that: (**initial** applicable box/boxes)

- I am the above named inmate's attorney either by appointment by the court or at the inmate's request.
- I have been requested by a judge to interview the above named inmate for purposes of possible appointment as counsel by the same COURT.
- I am requesting to visit the above named inmate who may be a witness directly relevant to a legal process, purpose, or proceeding.
- I am seeking to interview the above 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 above named inmate when the inmate cannot do so because of a medical condition, disability, or other circumstances.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\*NOTE: The attorney or attorney representative must present a copy of this declaration to visiting staff prior to each visit with the above specified inmate.

INMATES TO BE INTERVIEWED \*

Name of Inmate: _____	CDCR#: _____
Name of Inmate: _____	CDCR#: _____
Name of Inmate: _____	CDCR#: _____
Name of Inmate: _____	CDCR#: _____
Name of Inmate: _____	CDCR#: _____

Name of Inmate: _____	CDCR#: _____
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Name of Inmate: _____	CDCR#: _____
Name of Inmate: _____	CDCR#: _____

**\*Please be advised that inmates are subject to transfers and/or lockdowns without prior notice. On rare occasions, this may occur shortly before, or on the day of a scheduled legal visit.**