

**VISION OF ADULT OPERATIONS
HIGH DESERT STATE PRISON/LITIGATIONS DEPARTMENT**

P.O. Box 750
Sanville, CA 96127



Re: Attorney Visitation Questionnaire

To Whom It May Concern:

You recently inquired about how to arrange for an attorney legal visit with an inmate. Please fax or mail a signed request letter on your letterhead and complete and attach the *Attorney Visiting Questionnaire* (attached). Please ensure that you also include the required documents and photocopies identified on the questionnaire with your request. The questionnaire must be completed by the attorney even if only their representative will be visiting (Exception: A private investigator interviewing a pro per inmate with a court order to that effect). Please allow five (5) to ten (10) business days for the required background check and approval process to be completed. If you have a preferred date and time for the legal visit, please indicate in your request letter. High Desert State Prison allows legal visits between the hours of 8:00 am and 2:00 pm, Monday through Friday, excluding State Holidays. We ask for a minimum of five (5) business days advance notice for scheduling a legal visit. If you are representing an inmate who is pre-scheduled for a Board of Prison Hearing (BPH) hearing, please indicate so in your request letter, and please also contact BPH at 530 251-5100 extension 5593, to inform them of your request to visit.

For **INVESTIGATORS, PARALEGALS, and other professionals** designated by an attorney, in addition to the above information required the attorney must send a request letter on his/her letterhead with the following information pertaining to the designee/representative:

Full Legal Name
Business Address
Date of Birth
Driver's License Number and State
Social Security Number (optional)

For individuals not employed by a US or California government agency, attach a photo copy of your professional license, certificate, or credential. For employees of a government agency, a photocopy of your agency identification card is required.

The dates available for depositions are the same as the dates and times listed above for visits. A request letter along with the above requirements is needed to complete your deposition requests. All persons attending the deposition/attorney, opposing council, court reported and all others must complete the required documents to be allowed to visit. It is recommended that you contact the Litigation Office ten (10) business days prior to the deposition to confirm that all requirements have been met.

Please feel free to contact our office if you have any questions.

/s/ **C. AMREIN**

C. AMREIN
Litigation Coordinator
High Desert State Prison
Phone: 530 251-5072
Fax: 530 251-5031

ATTORNEY VISITATION QUESTIONNAIRE

1. My full name (attorney) is _____
2. My mailing address is: _____
3. My email address is: _____
4. My phone number is: _____
5. My date of birth is: _____
6. My Driver's License or State Identification Card number is: _____
for the State of _____
7. For proof of current registry and good standing with a governing bar association and indication of the jurisdiction(s) licensed to practice law, I have attached both:
 - Photocopy of my valid bar card
- And**
 - Copy of good standing from the bar association's website
<http://members.calbar.ca.gov/search/member.aspx>
8. I have no prior convictions.
 - I have prior conviction(s) for _____, conviction(s) date: _____
9. I have no prior suspensions or exclusions from a correctional facility.
10. I declare (check all that apply)
 - I am the inmate's attorney by appointment of the court
 - I am the inmate's attorney at his request.
 - I have been requested by a judge to interview the inmate for purposes of possible appointment as council by the same court.
 - 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.
11. I accept responsibility for all actions taken by my representative (law student, paralegal, etc.).
Mandatory under Title 15 Section 3178 ©(3)© for all attorney representatives with the exception of private investigator retained by an attorney or appointed by the court and an investigator employed by a governmental agency, public agency, or public institution..

12. Inmate's last name _____ Inmate's CDCR number _____

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 California Department of Corrections and Rehabilitations.

Requesting Attorney's Signature

Date