



# ITSS Confidential Number Request

Name (as shown on CADL / CAID)			Date of Request	
Contact Number		Firm / Office / Parish, Temple, Synagogue, etc. Name		
ID Number ( <i>attach copy</i> )	Expiration	Address		
Email Address		Bar, Medical License Number		Expiration
I am requesting that the following telephone numbers be designated as confidential by reason of the following relationship between a prisoner(s) in San Francisco Sheriff's Department custody and me:				
Attorney / Client <input type="checkbox"/>	Doctor / Patient <input type="checkbox"/>	Clergy Person / Penitent <input type="checkbox"/>		
<b>Number*</b>		<b>Type (Identify)</b>		
1. _____	<input type="checkbox"/> Cell	<input type="checkbox"/> Office	<input type="checkbox"/> Home	<input type="checkbox"/> Other _____
2. _____	<input type="checkbox"/> Cell	<input type="checkbox"/> Office	<input type="checkbox"/> Home	<input type="checkbox"/> Other _____
3. _____	<input type="checkbox"/> Cell	<input type="checkbox"/> Office	<input type="checkbox"/> Home	<input type="checkbox"/> Other _____
4. _____	<input type="checkbox"/> Cell	<input type="checkbox"/> Office	<input type="checkbox"/> Home	<input type="checkbox"/> Other _____
5. _____	<input type="checkbox"/> Cell	<input type="checkbox"/> Office	<input type="checkbox"/> Home	<input type="checkbox"/> Other _____
All telephone numbers are subject to verification. Approved telephone numbers will remain in the Confidential Database for 12 months.				
<p><i>Affirmation:</i> I have an existing relationship of the kind designated above with any prisoner to whom I have supplied this number. I understand that the confidentiality for which I am applying may not be used to accomplish communication that does not fall within the scope of the above designated relationship or with a person with whom I do not have such relationship. Signature: _____</p>				
<b>For Sheriff's Department Use Only:</b>		<input type="checkbox"/> <b>Approved</b> <input type="checkbox"/> <b>Disapproved</b> (Requestor to be informed in writing)		
Date received	Received by	ID received <b>Y</b> <b>N</b>	Information verified by	Date entered
Reason for Disapproval:				

\* For additional numbers, please use another form.