

ATTORNEY VISITATION/TELEPHONE REQUEST AND AUTHORIZATION FORM

PLEASE CHECK SELECTION : PHONE LIST _____ VISITATION LIST _____ ALL (This includes video visitation.)

Inmate's Name: _____ Inmate# _____

Attorney's Full Name: _____
PRINT NAME AS IS APPEARS ON STATE I.D. OR DRIVER'S LICENSE

Provide State Bar Number: _____

Mailing Address: _____
Street/P.O. Box City State Zip Code

Date of Birth: _____ Telephone Number: _____
Month Day Year

Last Four digits of Social Security Number #: _____

Sex: _____ Race: _____ State Issued Photo ID/Valid Driver's License Number: _____

State of Issuance: _____

ARE YOU PRESENTLY APPROVED ON ANY OF THE FOLLOWING LISTS OF ANOTHER INMATE(S) INCARCERATED IN A DEPARTMENT OF CORRECTIONS FACILITY: PHONE (P), VISITATION (V), VIDEO VISITATION (VV), ALL (A)

Inmate Name _____ Inmate # _____ Relationship: _____ Unit: _____ (P)(V)(VV)(A)

Inmate Name _____ Inmate # _____ Relationship: _____ Unit: _____ (P)(V)(VV)(A)

Are you a CURRENT or PREVIOUS Department of Corrections employee, CONTRACT employee, VOLUNTEER, or INMATE?
YES NO

If yes, date last employed _____, volunteered _____, or incarcerated _____

Unit of Assignment: _____

AUTHORIZATION

I, _____ of _____
Name City, State

request permission from the Arkansas Department of Corrections, to Visit in person or through Video Visitation and/or contact by telephone, with the above-listed inmate. I understand that there will be consequences should I fail to follow the rules and regulations governing visitation and telephone usage, both those located on the back of this application and rules posted at the Unit. In consideration for being granted permission to visitation and/or telephone usage, I consent to a criminal background check(s). I am also aware that all persons, property, and vehicles entering Department property shall be subject to search, and I give consent to search.

Print Applicant's Name (Must be Legible or Form Cannot Be Processed)

Signature of Applicant

RETURN THIS FORM TO THE INMATE'S ASSIGNED UNIT TO THE ATTENTION OF THE UNIT VISITATION CLERK

Form must be completed legibly and in its entirety.