TELEPHONE REQUEST
ATTORNEY ADD / DELETE

OFFENDER NAME	DOC NUMBER	DATE COMPLETED

INSTITUTION	HOUSING UNIT / LOCATION

PLEASE SPECIFY

☐ ADD

☐ DELETE

ATTORNEY FIRM

ATTORNEY NAME

ATTORNEY ADDRESS

CITY	STATE	ZIP

CASE NUMBER

I certify that the above information is true and correct. This is an active case and my bona fide attorney of record on this case. I do understand that until this information is accepted and verified, all calls will be recorded and monitored.

OFFENDER SIGNATURE	DATE SIGNED

DEPARTMENT USE ONLY – APPROVAL INFORMATION (Include name and date on all lines)

Located WLD _____

Letter to Attorney _____

Sent to Database _____

Database Complete _____

Copy to Offender _____

Disapproved _____

COMMENT