



**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF CORRECTIONS
Central Detention Facility**

REQUEST FOR LEGAL VISIT

DATE

Inmate's Name DCDC Number Housing Unit

Attorney/Agent's Name Bar # (If an Attorney)

1. I am a member of the D.C. Bar. I represent the above named inmate in case number _____ in _____ Court.
2. I am an investigator/agent for attorney/law firm/agency _____ who represents the above named inmate in case number _____ in _____ court.
3. I am an attorney. I am not counsel of record for the above named inmate in any matter presently before the Court.
4. I am investigator/agent for attorney/law firm/agency _____. The attorney/law firm/agency for whom I am employed is not counsel of record for the above named inmate in any matter presently before the court.

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The inmate must sign an Inmate Consent Form (Attachment A) prior to entering the Visiting Hall if box 3 or 4 is checked.

Inmate's Signature/DCDC No. Witness' Signature/Title

Date/Title Witness Title