



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.

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

Inmate's Signature/DCDC No

Witness' Signature/Title

Date/Title

Witness Title