

**ATTORNEY AUTHORIZATION FOR  
APPROVED REPRESENTATIVE TO VISIT TDCJ INMATE**

*(This information must be faxed to the inmate's unit of assignment)*

**I. Attorney & Representative Information**

I, \_\_\_\_\_, a licensed attorney of the Bar of the State of \_\_\_\_\_,  
with offices located at \_\_\_\_\_  
(Street Address) (City) (State)  
authorize \_\_\_\_\_, a professional \_\_\_\_\_, (i.e.  
paralegal, legal assistant, etc.) to visit the following inmate(s) as my representative:

- (1) \_\_\_\_\_, TDCJ No. \_\_\_\_\_, at \_\_\_\_\_AM/PM  
on \_\_\_\_\_, 20\_\_;
- (2) \_\_\_\_\_, TDCJ No. \_\_\_\_\_, at \_\_\_\_\_AM/PM  
on \_\_\_\_\_, 20\_\_;
- (3) \_\_\_\_\_, TDCJ No. \_\_\_\_\_, at \_\_\_\_\_AM/PM  
on \_\_\_\_\_, 20\_\_;

This visit is pursuant to the attorney (client)\_\_\_\_ (witness)\_\_\_\_ relationship. Any recording made will be used only to assist this relationship.

\_\_\_\_\_  
Attorney Printed Name

\_\_\_\_\_  
Attorney Signature

\_\_\_\_\_  
State Bar Number

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number

**II. Verification**

In addition to this completed form, you are also required to fax a legible copy of your State Bar Card and Driver License to the inmate's unit of assignment. I am aware that I am required to call and confirm this requested visit, between 4:00 and 5:00 p.m. on the business day prior to the day of my visit. I am also aware that tardiness without notification may result in denial of the visit.

NOTE: In accordance with BP-03.81, "Rules Governing Inmate Access to Courts, Counsel, and Public Officials", Section V.D., an approved "Application to Visit TDCJ Inmate as Attorney's Representative" (I-164) expires two calendar years from the submission date.

cc: Inmate's Unit File  
Unit Access to Courts Supervisor