

APPLICATION TO VISIT TDCJ INMATE AS ATTORNEY/CONSUL REPRESENTATIVE

(All information provided is strictly confidential)

PURPOSE AND USE

The information provided will be used as a basis for investigation regarding your admittance to visit an inmate currently confined within the Texas Department of Criminal Justice (TDCJ). The application must be received at least seven (7) business days before your first visit to a TDCJ facility, and at the request of a sponsoring attorney/consul. Your responses may result in a request for additional information. During this process, it may become necessary for the TDCJ to disclose information to federal, state or local law enforcement agencies; however, the TDCJ will not publicly disclose private information. Upon approval of the application, authorization will be in effect for a period of two (2) years, unless revoked by the sponsoring attorney, in writing to Access to Courts Headquarters (see "Contact Information" below).

EFFECTS OF NONDISCLOSURE

You are not required to provide the information requested by the Access to Courts (ATC) Department. However, if you fail to complete the attached form, all or in part, your request will be suspended with no further consideration. Prior to suspension, you will be notified that your request will no longer be considered until the necessary information is provided. Although penalties are not authorized, failure to supply the necessary information may result in postponement of consideration for admission into a TDCJ facility.

THIS FORM HAS THREE PARTS

1. **Questionnaire.** The questionnaire must be completed by any person who has not previously submitted this form, and who seeks authorization to enter any TDCJ facility as the representative of a licensed, sponsoring attorney.
2. **Certification.** The person seeking to visit a TDCJ inmate must sign the certification that follows the questionnaire. Electronic signatures will not be accepted. Please provide a clear copy of your state driver license, state ID card, or government issued picture ID. If applicable, please provide a copy of your license/permit or letter of good standing from licensing authority.
3. **Attorney's Statement.** The licensed sponsoring attorney, in good standing with any state bar of the United States or general, vice, or honorary consul in good standing with the Office of Foreign Missions must sign this statement. Electronic signatures will not be accepted. Please provide a clear copy of either your state driver license or U.S. Government Issue picture ID in addition to a copy of your state bar card or certification letter of good standing from the state bar association or your Department of State Consular ID card.

NOTE: Attorneys/Consuls/Representatives should be aware that if they arrive to the unit more than 30 minutes late to their original estimated time of arrival, without notification to the unit of their delay, the inmate will be returned to his normal schedule. Upon the attorney/consul/representative's arrival, the inmate will then be made available for the visit.

CONTACT INFORMATION

Access to Courts, Counsel and Public Officials Department
PO Box 99
Huntsville, Texas 77342-0099
Email: atc@tdcj.texas.gov
Phone: (936) 437-4815
Fax: (936) 437-4823

QUESTIONNAIRE

****ALTERATIONS/MODIFICATIONS TO THIS FORM WILL NOT BE ACCEPTED****

(Note: Answer all questions. If a question does not apply to you write "not applicable" in the space provided for the answer.) For "yes" or "no" answers, circle one.

Name: _____
Last, First Middle

1. a. Have you ever used an alias or other name? YES NO

If yes, list any other names used: _____

2. a. Date of Birth: ____ / ____ / ____

b. Social Security Number: ____ - ____ - ____

c. Driver License State/Number: ____ (State) ____ (DL Number)

3. a. Home Address (No PO Box): _____

City: _____ State: ____ Zip: _____

b. How long at present address: _____

c. Home Telephone: (____) ____ - ____

4. a. Profession (e.g. paralegal, legal assistant, etc.): _____

b. License/Permit Number: _____

c. Licensing Authority: _____

5. a. Present Place of Employment: _____

b. Name of Immediate Supervisor: _____

c. Employer's Business Address: _____

City: _____ State: ____ Zip: _____

d. Employer's Business Telephone: (____) ____ - ____

e. How long with present employer: _____

6. Have you ever been convicted of **any** criminal offense? YES NO

(Exclude convictions for minor traffic violations)

If yes, please explain: _____

7. Have you ever been confined in any jail, prison, or other penal institution? YES NO
 If yes, please explain: _____

8. Have you ever been denied permission to visit or correspond with any inmate in TDCJ custody? YES NO
 If yes, please explain: _____

9. Have you ever been denied permission to enter a TDCJ facility for any reason? YES NO
 If yes, please explain: _____

10. Are you a citizen of the United States? YES NO
 If no, of what country are you a citizen? _____
11. Are you related to, a personal friend of, or currently in any type of relationship with any inmate currently incarcerated in any TDCJ facility? YES NO
 If yes, please explain: _____

12. Have you ever been employed by, contracted with, volunteered for, or been incarcerated in the TDCJ? YES NO
 If yes, please explain: _____

Please attach a separate page for additional information if needed.

CERTIFICATION

I hereby certify the above responses are true and correct to the best of my knowledge. I understand that providing false information can result in disqualification.

 Signature of Representative
 (Only handwritten signatures, no electronic signatures accepted)

ATTORNEY/CONSUL STATEMENT

I certify I am a licensed member, in good standing, of the State Bar of _____, or I
(State)
am in good standing with the Office of Foreign Mission for _____/_____ and
(Country) (City)
that I employ, supervise, or have authorized services from _____
(Attorney Representative Name)

I authorize the above-named individual to represent me and request, as my representative, they be allowed to interview inmates confined in the TDCJ. I further certify that this individual is aware of the responsibilities as my representative and is able to meet those responsibilities. **I pledge that I will supervise/oversee my representative's activities and that their visit(s) shall be pursuant to the attorney/consul - (client)___ (witness)___ relationship and for no other purpose.**

Attorney/Consul Signature
(Only handwritten signatures, no electronic signatures accepted)

Attorney/Consul Printed Name

Date Signed

State Bar No./Department of State PID No.

Telephone No.

Fax No.

Complete Business Address

Mail, Email or Fax To:

Access to Courts, Counsel and Public Officials Department
PO Box 99
Huntsville, Texas 77342-0099
Email: atc@tdcj.texas.gov
Phone: (936) 437-4815
Fax: (936) 437-4823