

**APPLICATION TO VISIT TDCJ OFFENDER
AS ATTORNEY'S REPRESENTATIVE**

**Any information you give on this form
will be kept strictly confidential**

PURPOSES AND USES

The information you supply may be used as a basis for an investigation regarding your admission to visit an offender in TDCJ. The application must be received at least a week before your first visit to TDCJ at the request of a particular attorney. Your answers may result in you being asked additional questions. In the process of conducting the investigation, TDCJ may disclose the information to federal, state or local law enforcement agencies, but otherwise would not make public disclosure of private information. Unless specifically revoked by the attorney, in writing to the Access to Courts Department (see "Contact Information" below), this authorization will be in effect for a period of one (1) calendar year.

EFFECTS OF NONDISCLOSURE

You are not required to supply the information requested on the attached form. If you do not furnish the information requested; however, the processing of your request will be suspended and you will receive no further consideration. If you only furnish part of the information required, the processing of your request will be attempted; however, it may be significantly delayed. If the information withheld is found to be essential to processing your request properly, you will be so informed, and your request will receive no further consideration unless you supply the missing information. Although no penalties are authorized if you do not supply the information requested, failure to supply such information could result in you not being considered for admission.

THIS FORM HAS THREE PARTS

1. **Questionnaire.** The questionnaire must be completed by each paralegal employee, legal assistant, clerk, student, or other person who has not previously submitted this form and who seeks to enter an institution of the Texas Department of Criminal Justice as the representative of a licensed attorney to visit a TDCJ facility.
2. **Certification.** The person seeking to visit a TDCJ offender must sign the certification that follows the questionnaire.
3. **Attorney's Statement.** A licensed attorney in good standing with any State bar of the United States must sign this statement.

CONTACT INFORMATION

Access to Courts, Counsel and Public Officials Department
1060 HWY 190 East
Huntsville, Texas 77340
Phone (936) 437-4815
Fax (936) 437-4823

11. If your answer to questions 1b, 6, 7, 8, or 10 is "yes" explain on a separate page.

CERTIFICATION

Signature of Representative

ATTORNEY'S STATEMENT

I certify that I am a licensed member of the bar of the State of _____ and that I employ or supervise _____. I authorized (him/her) to represent me and request that as my representative (he/she) be allowed to interview offenders confined in TDCJ. I further certify that (he/she) is aware of the responsibility as my representative and is able to meet this responsibility. I pledge that I will supervise my representative's activities and that (his/her) visit(s) shall be pursuant to the attorney- (client)___ (witness)___ relationship and for no other purpose.

Date Signed

Attorney's Printed Name

State Bar No.

Attorney's Signature

Telephone No.

Fax No.

Business Address

Mail or Fax To: Unit Offender Records Office Supervisor
cc: Access to Courts, Counsel and Public Officials Department
1060 HWY 190 East
Huntsville, Texas 77340
Email: atc@tdcj.state.tx.us
Phone (936) 437-4815
Fax (936) 437-4823