

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

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 offender(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 tape 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 offender'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 Section V.D. of the Offender Access to Courts, Counsel, and Public Officials Rules, an approved "Application to Visit TDCJ Offender as Attorney's Representative" (I-164) expires one calendar year from the submission date.

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