

**ATTORNEY INITIATED CONTACT VISIT
FOR
SPECIALIZED PROFESSIONAL**

I. Specialized Professional Information

In order to conduct the examination/test, the following is a detailed list of items that I am requesting to bring into the unit: _____

Specialized Professional's Printed Name

Signature

Licensing Authority

License / Permit Number

II. Attorney Information

I, _____, a licensed attorney of the Bar of the State of _____,
with offices located at _____,
(Street Address) (City) (State)

authorize _____, a licensed professional _____,
(Occupational Title)

license/permit # _____ in the State of _____,

request to have a contact visit with the following offender:

_____, TDCJ No. _____, at _____ AM/PM
on _____, 20__;

This visit is pursuant to the attorney- (client)___ (witness)___ relationship.

Attorney Printed Name

Attorney Signature

State Bar Number

Telephone Number

Fax Number

III. 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