

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
**Attorney/Offender Telephone Call Application**

**ATTORNEY INSTRUCTIONS**

- Complete Sections I and II, except for information fields marked with an asterisk (\*).
- Fax completed form to offender's unit of assignment. Include with fax a legible copy of your attorney bar card and driver license.
- Confirm application approval and procedures with offender's unit of assignment the business day prior to the requested telephone call.

**I. OFFENDER IDENTIFICATION**

Name: \_\_\_\_\_ TDCJ #: \_\_\_\_\_ \*Unit: \_\_\_\_\_  
\*Custody Status: \_\_\_\_\_ \*Housing Location: \_\_\_\_\_ \*Job Assignment: \_\_\_\_\_  
Requested Date and Time of Collect Telephone Call: \_\_\_\_\_

**II. ATTORNEY INFORMATION**

Name: \_\_\_\_\_ State Bar No.: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
(This number *must* be able to accept collect calls and the same as listed with the bar association)

*Attorney Affirmation:* I have an existing attorney-client relationship with the offender identified in this application. I understand that the confidential telephone call, for which I am applying, may not be used to accomplish any non-attorney-client communication. In order to facilitate this telephone call application, my client has my permission to call me collect at the above telephone number.

Reason phone call could not be precluded by personal visit or correspondence: \_\_\_\_\_  
Attorney Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**III. TDCJ UNIT INFORMATION**  
**(Official Use Only)**

Approved Date and Time of Collect Telephone Call: \_\_\_\_\_  
Method used to verify attorney's identity:  
 Texas Bar (1-800-204-2222)    Texas Bar Online    Texas Legal Directory    Access to Courts Office  
Copy of Bar Card Attached: Yes  No    Copy of Driver License Attached: Yes  No   
Approval for an attorney/offender telephone call must be made by a Major or higher.  
APPROVED: Yes  No  Date: \_\_\_\_\_  
Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_  
Reason for denial: \_\_\_\_\_  
Was call completed? Yes  No  Date: \_\_\_\_\_ Starting time: \_\_\_\_\_ AM/PM   Ending Time: \_\_\_\_\_ AM/PM  
If call was not completed, why? \_\_\_\_\_  
Officer's Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

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