

**ATTORNEY APPLICATION TO VISIT  
TDCJ OFFENDER**

\_\_\_\_\_  
(Unit Name)

I, \_\_\_\_\_ a licensed attorney in the State of \_\_\_\_\_,

with offices located at \_\_\_\_\_

(Street address)

(City)

(State)

visiting offender \_\_\_\_\_

(Last Name)

(First Name)

(TDCJ #)

on \_\_\_\_\_, 20\_\_\_\_\_, at \_\_\_\_\_AM/PM, affirm that my visit

with this offender is for the purpose of assisting me in matters related to the attorney-client or attorney-witness relationship and for no other purpose. I agree that any tape recording made by me will be used only to assist this relationship. 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.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(State Bar No.)

\_\_\_\_\_  
(Business Telephone No.)

\_\_\_\_\_  
(Fax No.)

NOTE: 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.

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