

GDC Attorney Visitation Request

Offender's Name: _____

GDC # _____

Facility: _____

Attorney's Name: _____

Bar Number: _____ State of Membership: _____

Phone: _____ Email: _____

Date Requested: _____ Time: _____
(Please note that the GDC's standard operating procedure requires at least 24 hours-notice.)

Purpose of Visit:

_____ The offender has an attorney-client relationship with me.

_____ The offender is attempting to establish an attorney-client relationship with me.

_____ Other (Please note that the GDC's standard operating procedure only allows attorney visits for the reasons noted above. However, the Warden, Superintendent or designee may consider granting a special visit in extraordinary circumstances in which the offender's legal need cannot be addressed by mail or phone):

Attorney's Signature

Date