

GENERAL

This information is provided pursuant to Public Law 93 - 579, the Privacy Act of December 31, 1974.

PURPOSES AND USES

The information you supply may be used as a basis for an investigation regarding your correspondence with _____ and admission to visit this person at _____. In the process of conducting the investigation, the Bureau of Prisons may disclose the information to federal, state, or local law enforcement agencies.

EFFECTS OF NONDISCLOSURE

You are not required to supply the information requested on the attached form. If you do not furnish the information requested, the processing of your request will be suspended, and you will receive no further consideration. If you furnish only part of the information required, the processing of your request will be attempted; however, it may be significantly delayed. If the information withheld is found to be essential to processing your request properly, you will be so informed, and your request will receive no further consideration unless you supply the missing information. Although no penalties are authorized for failure to supply the requested information, failure to supply the information could result in your not being considered for or allowed admittance to the institution or correspondence privileges with the inmate in question.

APPLICATION TO ENTER INSTITUTION AS THE REPRESENTATIVE OF A LICENSED ATTORNEY OR TO CORRESPOND WITH A FEDERAL PRISONER AS THE REPRESENTATIVE OF A LICENSED ATTORNEY

This form has three parts:

1. Questionnaire : The questionnaire is to be completed by each paralegal employee, legal assistant, clerk or student who seeks to enter an institution of Federal Bureau of Prisons as the representative of a licensed attorney to visit a federal prisoner or to correspond with a federal prisoner as the attorney's representative.
2. Certification : The person seeking to enter a federal institution or to visit or correspond with a federal prisoner must sign the certification which follows the questionnaire.
3. Attorney's Statement : The licensed attorney must sign this statement.

QUESTIONNAIRE

(NOTE: Answer all questions. If a question does not apply to you, write "Not Applicable" in the space provided for the answer.)

1. Name: _____

2. a. Any alias or other name ever used:

Name: _____ When used: _____

Name: _____ When used: _____

b. Date of Birth: _____

3.

a. Present Address: _____

b. How long at this address? _____

c. List all previous addresses (Including Street and Number, City and State) for the last five years and dates you resided at each address:

4.

a. Present place of employment: _____

b. Name of immediate supervisor: _____

c. Employer's business address: _____

d. Employer's business phone: _____

e. List all previous employers for the past five years, including employer's addresses and dates of your employment with each employer:

<u>Employer</u>	<u>Address</u>	<u>Dates of Employment</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. List all schools, universities, or other educational institutions attended from grade 10 to present (This should include any and all legal training that you have received):

<u>School</u>	<u>Address</u>	<u>Degree and date received</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Have you ever been convicted of ANY criminal offense? If so, complete the following. You may exclude any convictions for minor traffic violations (fine of \$50 or less).

<u>Offense</u>	<u>Date of Conviction</u>	<u>Name, Location of Court</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Have you ever been confined in any jail, prison or penal institution? If so, complete the following:

<u>Type of Institution</u> (State, Federal, Municipal, County)	<u>Location</u>	<u>Dates of Confinement</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Have you ever been denied permission to visit or correspond with any inmate by an institution within the Federal Bureau of Prisons? _____ If so, which institutions, with which inmate, and when?

9. Are you a citizen of the United States? _____ If not, give the name of the country of which you are a citizen or subject. _____

STATEMENT OF APPLICANT SEEKING TO ENTER AN INSTITUTION TO VISIT OR TO CORRESPOND WITH A FEDERAL AS THE REPRESENTATIVE OF A LICENSED ATTORNEY

I certify that I am authorized to act as the legal representative of _____, who is a licensed member of the bar of the State of _____. I request that I be allowed to interview and correspond with _____, who is confined at _____. I am aware of my responsibility as a representative of the above-named attorney and certify that I am able to meet this responsibility. I am also aware of the Bureau of Prison's Policy on Inmate Legal Activities and certify that I am able to and will adhere to the requirements of this policy. I pledge to abide by Bureau of Prisons regulations and Institution guidelines.

I hereby certify that all of the information contained in this questionnaire is true and correct to the best of my knowledge. Furthermore, I understand that all information contained in this questionnaire may be investigated and verified through the use of federal, state, and local authorities. Applicant's printed name: _____

Applicant's signature: _____

Date completed: _____

STATEMENT OF SPONSORING ATTORNEY

I hereby certify that I am a licensed member of the bar of the State of _____ and that I employ or supervise _____. I authorize _____ to represent me and request that as my representative he/she be allowed to interview and correspond with _____ who is currently confined at _____. I further certify that _____ is aware of the responsibility of his/her role as my representative and is able to meet this responsibility. I pledge that I will supervise my representative's activities. I accept personal and professional responsibility for all acts of my representative which affect the institution, its inmates or staff.

Attorney's printed name: _____

Attorney's signature: _____

Date completed: _____