

Mecklenburg County Sheriff's Office Request for Confidential Inmate Phone Call and Visitation

Mecklenburg County Sheriff's Office
801 East Fourth Street
Charlotte, North Carolina 28202
Attn: Chief Deputy, Detention
FAX:(704)432-1836

North Carolina
Bar No.

Date Submitted

Please print the following information firmly with black ink.

Attorney's Name: _____

Firm's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Contact Phone Number: _____

Fax Number: _____ Email Address: _____

The above attorney is requesting that the following telephone number(s) be designated for attorney-client telephone calls by jail inmate(s). Attorney-client telephone calls and Video Visitation are excluded from recording and monitoring. Only those numbers identified will be treated in this manner.

- | <u>Number*</u> | <u>Type (Identify)</u> |
|----------------|--|
| 1. _____ | <input type="checkbox"/> Cell <input type="checkbox"/> Office <input type="checkbox"/> Home <input type="checkbox"/> Other _____ |
| 2. _____ | <input type="checkbox"/> Cell <input type="checkbox"/> Office <input type="checkbox"/> Home <input type="checkbox"/> Other _____ |
| 3. _____ | <input type="checkbox"/> Cell <input type="checkbox"/> Office <input type="checkbox"/> Home <input type="checkbox"/> Other _____ |
| 4. _____ | <input type="checkbox"/> Cell <input type="checkbox"/> Office <input type="checkbox"/> Home <input type="checkbox"/> Other _____ |

All telephone numbers are subject to verification by the Sheriff's Office.

I understand and agree that it is my responsibility to inform the Sheriff's Office of each telephone number that I wish designated for attorney-client telephone calls by inmates.

Attorney's signature: _____ Date: _____

For Sheriff's Office Use Only:

Date received: _____ Telephone Number: _____

Received By: _____ Date Entered: _____

Site Administrator: _____

* For additional numbers, please use another form.