

GEORGIA DEPARTMENT OF CORRECTIONS ATTORNEY TELEPHONE NUMBER REQUEST FORM

Attorney telephone calls can be placed through the offender/probationer telephone system. Telephone calls between offenders/probationers and their attorneys are privileged and should not be recorded or monitored. To ensure attorney telephone calls placed on the offender/probationer telephones are **not recorded and monitored**, offenders/probationers must submit all attorney telephone numbers for authorization.

Offenders/probationers are required to provide the telephone number, including area code for the attorney requested. Toll free numbers (800, 866, 888, etc.) are not permitted. Offenders/probationers should also provide the first and last name of the attorney requested and a full physical address, including street number, street name, city and state. P.O. Boxes are not permitted.

The attorney information provided will be verified for accuracy and validity by a counselor (or other authorized facility staff member). If the attorney telephone number is positively verified, the attorney telephone number will be added to the offender/probationer's Call Allow List and marked as "private/do not record" in the offender/probationer telephone system. Offenders/probationers are allowed a total of twenty (20) active telephone numbers, including attorney numbers, on the call allow list.

Offender/Probationer Name: (Last)		(First)	
Facility Name:		GDC ID #:	Date:
Building:		Dorm:	Cell/Bunk:

REQUESTED ATTORNEY TELEPHONE NUMBERS			FOR FACILITY USE ONLY	
Telephone Number	Attorney Name	Address, City, State	Verified (Circle One)	Verification Details
()			YES / NO	<input type="checkbox"/> Verified via GA BAR <input type="checkbox"/> Verified via Phone <input type="checkbox"/> Verified via Website <input type="checkbox"/> Other: _____ <input type="checkbox"/> Bar #: _____
()			YES / NO	<input type="checkbox"/> Verified via GA BAR <input type="checkbox"/> Verified via Phone <input type="checkbox"/> Verified via Website <input type="checkbox"/> Other: _____ <input type="checkbox"/> Bar #: _____
()			YES / NO	<input type="checkbox"/> Verified via GA BAR <input type="checkbox"/> Verified via Phone <input type="checkbox"/> Verified via Website <input type="checkbox"/> Other: _____ <input type="checkbox"/> Bar #: _____
()			YES / NO	<input type="checkbox"/> Verified via GA BAR <input type="checkbox"/> Verified via Phone <input type="checkbox"/> Verified via Website <input type="checkbox"/> Other: _____ <input type="checkbox"/> Bar #: _____
()			YES / NO	<input type="checkbox"/> Verified via GA BAR <input type="checkbox"/> Verified via Phone <input type="checkbox"/> Verified via Website <input type="checkbox"/> Other: _____ <input type="checkbox"/> Bar #: _____

OFFENDER SIGNATURE: _____

FOR OFFICIAL USE ONLY	FOR FACILITY USE ONLY
Response:	Counselor's Signature:
	Date:
	Comments:
Date Returned to Facility:	