INDIGENT LEGAL SUPPLIES REQUEST FORM

(This form shall be maintained in the Offender Reference Library)

Offender Name:		Date:				
GDC I.D. No		Build	_ Building/Room Assignment No			
I am declaring that I am indigunderstand that, if funds are authorize the Business Office	received in my	account, I w	rill be charged the curi	rent cost for	these supplies and	Ι
Offender's Signature		Date Supplies are needed				_
To: Business Office						
The above named offender h by phone, if this offender is of			repare privileged/lega	ıl document	ation. Please advise me,	
Is offender indigent?	Yes	_ No	Date			
TO: Business Office		FROM:	Legal Library			
The above named offender re	eceived the fol	lowing suppl	ies:			
WEEKLY AUTHORIZED AMOUNT		AMOUNT RECEIVED			<u>PRICES</u>	
Carbon Paper, Sheets Typing Paper, Sheets Pen, Monthly, exchange Envelopes, 10" x 13" Envelopes, # 10	5 20 1 ——	5 20 1 —	Carbon Typing Paper Pen _Envelopes _Envelopes	Total:	@ \$.10 @ .01 @ .10 @ .16 @ .02	
Received By (Offender's Na	me)		Issued By		_	
Date Received						
Offender Account Check No	·	Paid	Amount			
Written Off	_ Date		Amount			