

**READ CAREFULLY.** Please **PRINT** or **TYPE**. The information requested will be used by officials of the California Department of Corrections and Rehabilitation (CDCR) to determine whether your questionnaire will be approved or disapproved. The information provided will be maintained in a file pertaining to the inmate.

In accordance with the Privacy Act of 1974 (PL93-579), providing your Social Security number is optional. However, any omission or falsification on this questionnaire may be cause for denial of the confidential phone call. Please mail this form directly to the Litigation Coordinator's office of the institution where the inmate is confined.

1. NAME OF INMATE YOU WANT TO CALL (LAST, FIRST, MIDDLE)					INMATE'S CDC NUMBER				
2. YOUR NAME ( <i>Print your name exactly as indicated on the photo identification you will be using</i> )				SUFFIX (Jr., Sr., etc.)		OFFICE TELEPHONE NUMBER ( )			
3. MAIDEN NAME (If applicable)			HAVE YOU EVER USED ANOTHER NAME? IF SO, PLEASE LIST			FAX NUMBER ( )			
4. DATE OF BIRTH (Mo/Day/Yr)		AGE	GENDER (Check one) MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>		BIRTHPLACE (City	County	State		Country)
5. ID NUMBER		ID TYPE <input type="checkbox"/> DRIVER'S LICENSE		BAR / P. I. NUMBER		BAR STANDING (Check one) <input type="checkbox"/> Verified <input type="checkbox"/> Unverified			
<b>OFFICIAL USE ONLY</b> EXPIRATION DATE:	ISSUED BY: (County State Country)					6. SOCIAL SECURITY NUMBER (Optional)			
7. CURRENT MAILING ADDRESS: STREET ADDRESS Apt. # (If Applicable)					CITY		STATE	ZIP CODE	
8. HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> Yes <input type="checkbox"/> No					If YES, complete Item 9A. List all detentions, arrest and convictions. Failure to list all requested information may result in denial of your confidential phone call. Attach additional sheet(s) if necessary.				
9. OFFENSE (Check one)			APPROX. DATE	DISPOSITION: (Dismissed, Probation, Jail, Prison)		COUNTY	STATE		

*\*Attorney or Attorney's representative must provide a written request, on official letterhead, indicating the purpose for the confidential phone call.*

<i>Signature of Requestor</i>		<i>Date</i>		<i>Signature of CLETS Operator</i>		<i>Date</i>	
APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/>				<i>Signature of Litigation Coordinator</i>		<i>Date</i>	
<b>OFFICIAL USE ONLY – TO BE COMPLETED BY INSTITUTION STAFF</b>							

APPROVED  DISAPPROVED  (If DISAPPROVED, the applicant is to be informed in writing of the disapproval.)

REASON FOR DISAPPROVAL:

PRINT NAME	SIGNATURE	TITLE	INSTITUTION	DATE

**PRIMARY LAWS, RULES, AND REGULATIONS REGARDING  
CONDUCT AND ASSOCIATION WITH STATE PRISON INMATES  
CDCR 181 (Rev.10/14)**

Individuals who are not employees of the California Department of Corrections and Rehabilitation (CDCR), but who are working in and around inmates who are incarcerated within California's institutions/facilities or camps, are to be apprised of the laws, rules and regulations governing conduct in associating with prison inmates, Title 15, Section 3285. The following is a summation of pertinent information when individuals not employed by the department (volunteers, media, contractors and their employees and dignitaries) come in contact with prison inmates.

1. Persons who are not employed by CDCR, but are engaged in work at any institution/facility or camp must observe and abide by all laws, rules and regulations governing the conduct of their behavior in associating with prison inmates. Failure to comply with these guidelines may lead to expulsion from CDCR institutions/facilities or camps.  
SOURCE: California Penal Code (PC) Sections 5054 and 5058; California Code of Regulations (CCR), Title 15, Sections 3283, 3285, 3289, 3292 and 3415
2. CDCR does not recognize hostages for bargaining purposes. CDCR has a "NO HOSTAGE" policy and all prison inmates, visitors, non-employees and employees shall be made aware of this.  
SOURCE: PC Sections 5054 and 5058; CCR, Title 15, Section 3304
3. All persons entering onto institution/facility or camp grounds consent to a search of their person, property or vehicle at any time. Refusal by individuals to submit to a search of their person, property or vehicle may be cause for denial of access to the premises or restrictions to visiting or facility access.  
SOURCE: PC Sections 2601, 5054 and 5058; CCR, Title 15, Sections 3173, 3267, 3288, 3289, and 3292.
4. Persons normally permitted to enter an institution/facility or camp may be barred, for cause, by the CDCR Secretary, Director of Division of Adult Institutions (DAI), Warden, Regional Parole Administrator and /or their designees.  
SOURCE: PC Sections 2086, 5054 and 5058; CCR, Title 15, Sections 3283 and 3289
5. It is illegal for an individual who has been previously convicted of a felony offense to enter into CDCR institutions/facilities or camps without the prior approval of the Warden. It is also illegal for an individual to enter onto these premises for unauthorized purposes or to refuse to leave said premises when requested to do so. Failure to comply with this provision could lead to prosecution.  
SOURCE: PC Sections 602, 4570.5 and 4571; CCR, Title 15, Sections 3173, 3283 and 3289
6. Encouraging and/or assisting prison inmates to escape is a crime. It is illegal to bring firearms, deadly weapons, explosives, tear gas, drugs or drug paraphernalia on CDCR institutions/facilities or camp premises. It is illegal to give prison inmates firearms, explosives, alcoholic beverages, wireless communication devices or components thereof, tobacco products, narcotics, or any drug or drug paraphernalia, including cocaine or marijuana.  
SOURCE: PC Sections 2772, 2790, 4535, 4550, 4573, 4573.5, 4573.6, 4574, 4576 and 5030.1; CCR, Title 15, Sections, 3172.1, 3188 and 3292
7. It is illegal to give or take letters from prison inmates without the authorization of the Warden. It is also illegal to give or receive any type of gift and/or gratuities from prison inmates.  
SOURCE: PC Sections 2540, 2541 and 4570; CCR, Title 15, Sections 3010, 3399, 3401, 3424 and 3425
8. In an emergency situation the visiting program and other inmate program activities may be suspended by the Warden or designee.  
SOURCE: PC Sections 2086 and 2601; CCR, Title 15, Section 3383
9. For security reasons, volunteers, media, contractors, dignitaries and guests must not wear clothing that in any way resembles state issued prison inmate clothing (blue denim shirts, blue denim pants).  
SOURCE: CCR, Title 15, Sections 3174 and 3349.2.3(g) (3) (B)
10. Interviews with SPECIFIC INMATES are not permitted. Conspiring with an inmate to circumvent policy and/or regulations constitutes a rule violation that may result in appropriate legal action.  
SOURCE: CCR, Title 15, Section 3261.5

I HEREBY CERTIFY AND ACKNOWLEDGE I HAVE READ THE ABOVE AND FULLY UNDERSTAND THE IMPLICATIONS REGARDING MY CONDUCT AND ASSOCIATION WITH CDCR INMATES. I ALSO UNDERSTAND VIOLATION OF ANY OF THE ABOVE COULD RESULT IN EXPULSION FROM A CDCR INSTITUTION/FACILITY OR CAMP WITH THE POSSIBILITY OF CRIMINAL PROSECUTION.

VOLUNTEER/MEDIA/CONTRACTOR/GUEST NAME AND TITLE (Print)	SIGNATURE	DATE SIGNED
--	-----------	-------------

**DISTRIBUTION:** Original – Warden, Parole Administrator *and/or designee*

**THIS FORM IS USED TO PROVIDE PROPER IDENTIFICATION AND INFORMATION FOR OFFICIAL STATE VISITORS  
PLEASE READ AND FILL OUT COMPLETELY AND ACCURATELY:  
CLEARANCE IS FOR ONE YEAR, UNLESS OTHERWISE NOTED.**

**Date of Birth:** \_\_\_\_\_ **Date of Visit:** \_\_\_\_\_ Responsible party will notify visitor(s) of dress code. No videos, cameras, cellular phones, lap top computers or tape recorders allowed on institutional grounds.

**1. Purpose of Visit:** \_\_\_\_\_

**2. Mr.** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_

**Mrs.** \_\_\_\_\_

**Miss** \_\_\_\_\_

**Address:** \_\_\_\_\_

( Number) (Street) (City) (State) (Zip)

**Height:** \_\_\_\_\_ **Weight :** \_\_\_\_\_ **Hair:** \_\_\_\_\_ **Eyes:** \_\_\_\_\_ **Race:** \_\_\_\_\_

**Identifying Marks/Scars:** \_\_\_\_\_

**Alias or Maiden Name, if Married:** \_\_\_\_\_

**Valid Photo ID/DL#:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**3. Have you ever been arrested/detained/or convicted of a crime? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

If applicable, you must **LIST ALL ARREST** on reverse side.

Are you now on probation or parole? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_ If your answer is "Yes" you will need a consent letter.

Do you know or are you related to any inmate or parolee? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Do you visit any other CDC Facility? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Have you ever resigned under adverse conditions, or been terminated, from any Federal, State, County, or Municipal government position? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**IF "YES" TO ANY OF THE ABOVE, PLEASE USE REVERSE SIDE TO EXPLAIN**

**4.** The following are inserts of the laws, rules, and regulations required to be adhered to upon while on State Prison grounds: Dress Code Visitors Hot Line Number (800) 374-8474, options 1, 6, 8 and 1 again.

(a) NO VISITOR WILL HAVE IN HIS POSSESSION OR TRANSPORT ON STATE GROUNDS ANY INTOXICANTS, NARCOTICS, DRUGS, FIREARMS, EXPLOSIVES, TEAR GAS, OR ANY OTHER CONTRABAND ARTICLES. VIOLATIONS OF ANY OF THESE LAWS ARE A FELONY. RE: SECTIONS 2772, 2790, 4533, 4534, 4535, 4550, 4573.5, 4573.6, 4574, 4600, PENAL CODE.

(b) NO VISITOR WILL CARRY ON OR CONVEY MESSAGES, WRITTEN OR ORAL TO OR FROM ANY INMATE. VIOLATION IS A MISDEMEANOR, RE: SECTION 4570, PENAL CODE, SECTION 3401, TITLE 15, DIV 3, CALIFORNIA CODE OF REGULATIONS.

(c) NO VISITOR IS PERMITTED TO GIVE OR RECEIVE ANY ARTICLE, GIFT, FOOD, OR MONEY TO OR FROM INMATES. VIOLATION IS A MISDEMEANOR. RE: SECTION 2541, PENAL CODE, SECTION 3399, TITLE 15 DIV 3, CALIFORNIA CODE OF REGULATIONS.

(d) NO VISITOR IS PERMITTED TO SMOKE INSIDE ANY STATE OWNED BUILDING ON PRISON GROUNDS, PER GOVERNOR'S EXECUTIVE ORDER NO. W-42-93, THE STATE OF CALIFORNIA SMOKING POLICY.

**I HAVE READ THE ABOVE RULES AND AGREE TO COMPLY. I UNDERSTAND THAT I AM SUBJECT TO SEARCH AT ANY TIME AND AUTHORIZE A CRIMINAL HISTORY INQUIRY.**

\_\_\_\_\_  
Visitor's Signature Date

**APPROVED/DISAPPROVED**

\_\_\_\_\_  
Requestors Signature Date

\_\_\_\_\_  
Custody Captain Date

Requestors Printed Name and Title, Ext:

CLETS Cleared:	CLETS Operator:	Signature
YES NO Date	S. ANDRADE/ J. GUILLEN	

**CRIMINAL ARREST HISTORY**

Date of Arrest \_\_\_\_\_

Charge \_\_\_\_\_

Agency \_\_\_\_\_

Disposition \_\_\_\_\_

Date of Arrest \_\_\_\_\_

Charge \_\_\_\_\_

Agency \_\_\_\_\_

Disposition \_\_\_\_\_

Date of Arrest \_\_\_\_\_

Charge \_\_\_\_\_

Agency \_\_\_\_\_

Disposition \_\_\_\_\_

Date of Arrest \_\_\_\_\_

Charge \_\_\_\_\_

Agency \_\_\_\_\_

Disposition \_\_\_\_\_

If you answered "yes" to any portion of question #3:

Parolee/Inmate Name: \_\_\_\_\_

CDCR# \_\_\_\_\_

Institution: \_\_\_\_\_

Relation: \_\_\_\_\_

Date of Arrest \_\_\_\_\_

Charge \_\_\_\_\_

Agency \_\_\_\_\_

Disposition \_\_\_\_\_

Date of Arrest \_\_\_\_\_

Charge \_\_\_\_\_

Agency \_\_\_\_\_

Disposition \_\_\_\_\_

Date of Arrest \_\_\_\_\_

Charge \_\_\_\_\_

Agency \_\_\_\_\_

Disposition \_\_\_\_\_

Date of Arrest \_\_\_\_\_

Charge \_\_\_\_\_

Agency \_\_\_\_\_

Disposition \_\_\_\_\_

Additional info:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_