**Assigned Counsel Resource Center Inmate Video Visitation Request**

Request Date: \_\_\_\_\_\_\_\_\_\_\_\_ Request # \_\_\_\_\_\_\_\_\_\_\_\_

Office use only

Attorney’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State \_\_\_\_ Zip\_\_\_\_\_\_\_

Telephone: (o) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(c) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (f) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Co Counsel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_­­­

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Clients Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB \_\_\_\_\_\_AGE\_\_\_ M □ F □ Y/O Eligible Y **□** N **□**

Alias \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_JIN #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_ Zip \_\_\_\_\_\_\_

Legal criminal status? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ U.S. Citizen □ Y □ N Interpreter Needed □ Y □ N

Military Service? □ Yes □ No If yes, what Branch? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Defendant Y □ N □ If yes, Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB \_\_\_\_\_\_\_\_

Case # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Assignment \_\_\_\_\_\_\_\_\_\_\_\_

Notice of Assignment attached □ Y □ N Copy of Criminal Complaint attached □ Y □ N

Court \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Judge \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Next Court date\_\_\_\_\_\_\_\_\_\_

Charge (s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Felony □ Misd □ Viol □ Family Ct □ Parole □ Art. 10 MHL **□** Appeals

**Requested Date(s) and time for visit:**

*(Please list an alternate date and time (2nd choice) in case 1st choice is not available.*

1st Choice:Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_Duration: □ 30 min □ 60 min □ 90 min

2nd Choice: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_Duration: □ 30 min □ 60 min □ 90 min

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DO NOT WRITE BELOW THIS LINE**

Date Request received: \_\_\_\_\_\_\_\_\_\_\_\_ □ E-Mail □ Fax □ Walk-In □ Referral

Investigator scheduling appt. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_

Appt. Status: Calendar confirmed \_\_\_\_\_\_\_\_ Atty. notified \_\_\_\_\_\_\_Appt. completed \_\_\_\_\_\_

Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This form **MUST** be completed by attorney and faxed to the 18-B Program Manager. Fax # 914-328-4263. This request will be assigned within 48 hrs. The attorney **MUST** notify this office when the case is over.

Rev. 2/2017