STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

CONFIDENTIAL PHONE CALL REQUEST

CDCR 106-A (02/08)

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 *(Print your name exactly as indicated on the photo identification you will be using)*	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 ☐ FEMALE ☐	BIRTHPLACE (City County State Country)

5. ID NUMBER	ID TYPE ☐ DRIVER'S LICENSE	BAR / P. I . NUMBER	BAR STANDING (Check one) ☐ Verified ☐ Unverified

OFFICIAL USE ONLY 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? ☐ Yes ☐ 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*.**

Signature of Requestor ***Date*** ***Signature of CLETS Operator*** ***Date***

APPROVED ☐ **DISAPPROVED** ☐

Signature of Litigation Coordinator ***Date***

OFFICAL USE ONLY – TO BE COMPLETED BY INSTITUTION STAFF

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

REASON FOR DISAPPROVAL:

PRINT NAME	SIGNATURE	TITLE	INSTITUTION	DATE