



LEGAL VISITING / PSYCH ROOM REQUEST FOR SAN QUENTIN STATE PRISON

Fax to: Anna M. Diokno - Legal Visiting Coordinator

Fax (415) 455-5113

Tel (415) 454-1460 ext 5112

REQUESTED DATE: _____ (M T W T H F) _____

REPRESENTATIVE: _____ DRIVER'S LIC # _____

**(1st time only)*

ADDITIONAL REP: _____ DRIVER'S LIC # _____

DOCTOR: _____ DRIVER'S LIC # _____

TEL #: _____

FAX #: _____

CHECK ONE: LEGAL VISIT

PSYCH ROOM

INMATE 1: _____ CDC #: _____ TIME: _____

INMATE 2: _____ CDC #: _____ TIME: _____

INMATE 3: _____ CDC #: _____ TIME: _____

INMATE 4: _____ CDC #: _____ TIME: _____

Comments: _____

**If this is your first time scheduling a legal visit, please include the following:*

Driver's License #: _____ Exp. Date: _____ State Issued: _____

Birth Date: _____ Social Security #: _____ State Bar #: _____

Firm Name: _____ Work Tel #: _____

Work Address: _____

Visiting Hours *MON - THURS* 8:00 am, 09:30 am, 11:00 am, and 12:30 pm

FRI 10:30 am and 12:00 noon

Psych Hours *MON - THURS* 8:30 am - 1:30 pm

FRI 10:30 am - 1:30 pm

*****This is a request only. Each visit must be confirmed.*****