

ATTORNEY/711 VISITATION NOTIFICATION

CHICAGO POLICE DEPARTMENT



District/ Unit of Arrest:	Date:
Department Facility of Custody:	Time
ATTORNEY VISITATION INFORMATION	
Name:	
Address:	
Phone:	Type of Visitation: In Person Telephone
State ID/DL:	ARDC No.:
Time of Visitation Request:	Date:
Time of Visitation:	Date:
711 LICENSEE INFORMATION	
Name:	
Address:	
Phone:	Type of Visitation: In Person I Telephone
State ID/DL:	711 License No.:
Agency: Sup	ervising Attorney Name:
Time of Visitation Request:	Date:
Time of Visitation:	Date:
ARRESTEE/PERSON IN-CUSTODY INFORMATION	
Name:	DOB:
RD No:	CB No.:
I have been notified by the Chicago Police Department of the arrival of the above	
attorney/711. I understand that I have the right to co	nsult with legal counsel. I knowingly and voluntarily Decline the visitation.
Signature:	Date: Time:
REPORTING OFFICER INFORMATION	
Name:	Star: Unit:
Signature:	Date:
STATION SUPERVISOR INFORMATION	
Name:	Star: Unit:
☐ Visitation Allowed by Station Supervisor	☐ Visitation Denied by Station Supervisor
Comments:	
Signature:	Date:
CPD-11.573 (Rev. 2/23)	