



# JUVENILE - ATTORNEY/711 VISITATION NOTIFICATION

## CHICAGO POLICE DEPARTMENT



|  |  |   |                              |
|--|--|---|------------------------------|
| District/ Unit of Arrest:  |  | Date:   |                              |
| Department Facility of Custody:  |  | Time  |                              |
| <b>ATTORNEY VISITATION INFORMATION</b>   |  |   | <input type="checkbox"/> DNA |
| Name:  |  |   |                              |
| Address:   |  |   |                              |
| Phone:   |  | Type of Visitation: <input type="checkbox"/> In Person <input type="checkbox"/> Telephone |                              |
| State ID/DL:   |  | ARDC No.:   |                              |
| Time of Visitation Request:  |  | Date:   |                              |
| Time of Visitation:  |  | Date:   |                              |
| <b>711 LICENSEE INFORMATION</b>  |  |   | <input type="checkbox"/> DNA |
| Name:  |  |   |                              |
| Address:   |  |   |                              |
| Phone:   |  | Type of Visitation: <input type="checkbox"/> In Person <input type="checkbox"/> Telephone |                              |
| State ID/DL:   |  | 711 License No.:  |                              |
| Agency:  |  | Supervising Attorney Name:  |                              |
| Time of Visitation Request:  |  | Date:   |                              |
| Time of Visitation:  |  | Date:   |                              |
| <b>JUVENILE ARRESTEE/PERSON IN-CUSTODY INFORMATION</b>   |  |   |                              |
| Name:  |  | DOB:  |                              |
| RD No:   |  | CB No.:   |                              |
| <p>You have been told by a member of the Chicago Police Department that a lawyer has come to visit you. You have the right to speak to a lawyer.</p> <p>Do you want to make a phone call to your parent/legal guardian before the lawyer visits you? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you want the lawyer to visit you? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |  |   |                              |
| Signature: <input type="checkbox"/> Refused  |  | Date:   | Time:                        |
| <b>REPORTING OFFICER INFORMATION</b>   |  |   |                              |
| Name:  |  | Star:   | Unit:                        |
| Contact made with parent/guardian via telephone regarding attorney/711 visitation request <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |   |                              |
| Signature:   |  | Date:   |                              |
| <b>STATION SUPERVISOR INFORMATION</b>  |  |   |                              |
| Name:  |  | Star:   | Unit:                        |
| <input type="checkbox"/> Visitation Allowed by Station Supervisor  |  | <input type="checkbox"/> Visitation Denied by Station Supervisor                          |                              |
| Comments   |  |   |                              |
| :  |  |   |                              |
|  |  |   |                              |
| Signature:   |  | Date:   |                              |