

REQUEST FOR TELEPHONE PRIVILEGE

**U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS**

Addressee:	Institution and Address: (Sender)
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Date: _____

Dear: _____, Re: _____
(Inmate's Name - Register Number)

The above named individual has requested that you be placed on his/her approved telephone list. If you do not desire to receive telephone calls, please indicate this in the appropriate box below and this request will receive no further consideration. If you desire to receive telephone calls, we must obtain and confirm certain information.

You are not required to furnish the information requested. If you do not furnish the information requested, the processing of this request will be suspended, and you will receive no further consideration. If you furnish only part of the information required, the processing of this request may be significantly delayed. If the information withheld is found to be essential in processing your request, you will be informed, and this request will receive no further consideration unless you supply the missing information. Although no penalties are authorized if you do not supply the information requested, failure to supply such information could result in your not being considered for telephone privileges with this individual.

You are reminded that the criminal penalty for making false statements is a fine of not more than \$10,000 or imprisonment for not more than five years or both (See 18 USC 1001).

Sincerely,

Unit Staff

Legal Name:

Address:	Phone Number:
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Relationship to above named inmate:	Do you desire to receive telephone calls from this individual?
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IF YOUR ANSWER TO THE PRECEDING QUESTION IS NO, DO NOT COMPLETE THE QUESTIONNAIRE.

Did you know this person prior to his/her incarceration?	If so, how long have you known this individual?	Where did this relationship develop?
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Have you ever been convicted of a crime? If so, state the number, date, place, and nature of the conviction.

Are you currently on probation or parole or supervised release?	If so, state the name of your supervising probation/parole officer and the address and telephone number where he/she can be contacted.
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Do you correspond or visit with or receive telephone calls from other inmates?
If so, indicate the individual(s) and their locations.

Signature of parent or guardian if Applicant is under 18 years of age.

Applicants Signature