1. **PURPOSE AND SCOPE:** It is the policy of the Federal Correctional Institution and Federal Prison Camp, Miami, Florida, to provide access to legal counsel. The purpose of this Institution Supplement is to provide procedures and guidelines for implementing Bureau of Prisons Program Statement 1315.07 Legal Activities, Inmate, dated November 5, 1999.

2. **DIRECTIVES AFFECTED:**
   A. **DIRECTIVES REFERENCED:** Program Statement 1315.07 Legal Activities, Inmate, dated November 5, 1999.
   B. **DIRECTIVES RESCINDED:** Institution Supplement MIA 1315.07-1B, Legal Activities, Inmate Visits, dated April 25, 2005, is rescinded.

3. **STANDARDS REFERENCED:** American Correctional Association 4th Edition Standards for Adult Correctional Institutions: 4-4268, 4-4269, 4-4273, 4-4274, 4-4275, 4-4276, 4-4442, and 4-4505.

4. **ATTORNEY VISITS:** Attorney/client visitation at FCI and FPC Miami is conducted in accordance with the provisions of Program Statement 1315.07, Legal Activities, Inmate, codified at 28 C.F.R. §543.10 et. seq.; Program Statement 5267.06, Visiting Regulations, codified at 28 C.F.R. §540.40 et. seq.; and other guidelines and procedures applicable to the security and orderly operation of the institution. Questions regarding these provisions should be discussed with the Executive Assistant.

5. **ATTORNEY VISITING HOURS:** Attorney visits take place in a social visiting area. If a higher degree of privacy is required, the attorney should provide that information to the Unit Team prior to visitation. The attorney/legal room is scheduled on a first come basis.
   A. **FCI:** Sunday, Monday, Friday, and Saturday from 8:30 a.m. to 3:00 p.m.
   B. **FPC:** Monday and Friday from 5:00 p.m. to 8:00 p.m. Saturday and Sunday from 8:30 a.m. to 3:00 p.m.
C. **ARRANGING VISITS:**

1) Attorney verification process:

   a. To allow sufficient time for verification and preparation, attorney visits should be arranged by contacting the inmate’s Unit Team at least 72 hours prior to the planned visit. Attorneys may request visitation from the appropriate unit via facsimile.

   (i) A and B Units: Fax No: 305-259-2383
   (ii) C and D Units: Fax No: 305-259-2304
   (iii) E and F Units: Fax No: 305-259-2418
   (iv) G Unit: Fax No: 305-259-2417
   (v) Camp: Fax No: 305-259-2360

   b. The request must contain name of the attorney, bar number, office address, date of birth, sex, and race as required by the Visiting Program.

   c. The inmate must request the attorney in question be placed on his official visiting list prior to approval of visitation.

   d. The request and the attorney’s membership with the identified state bar will be reviewed and confirmed by the Unit Counselor.

2) Visitation

   a. Once a request by the inmate is made and the verification process is completed, the attorney will be placed on the inmate’s visiting list. Thereafter, the attorney can coordinate visits with the client during normal visiting hours.

   b. The verification process will reoccur on a yearly basis.

   c. The attorney visit may be conducted with only one inmate at a time.

   d. An attorney or their representative will be required to produce identification such as a drivers’ license and other reliable documentation.
e. As a condition of visiting an inmate, an attorney or representative may be subject to a search of his/her belongings for the purpose of ascertaining if contraband is present. Attorneys and their representative must present their briefcase, file folder, etc. to the front lobby officer for inspection upon arrival.

3) Special Visitation

a. When a situation arises which requires an attorney/client visit during non-visiting days, the request will be submitted to the Unit Team. Once approved, the Unit Team will be required to provide custodial/visual supervision of the visit.

D. LEGAL DOCUMENTS AND OTHER MATERIAL:

1) Attorneys will be permitted into the facility with a briefcase. All briefcases will be searched by the officer at the front entrance before the individual will be admitted into the institution.

2) An attorney providing documents to an inmate will present them to the visiting room officer before giving them to the inmate. The visiting room officer will inspect the documents for contraband as per Program Statement 1315.07 Legal Activities, Inmates, Section 12 (f), and will return them to the attorney for delivery to the inmate. Attorneys should make all attempts to mail legal documents to the client as inmates are very limited in the amount of documents they may take in/out of the visiting room. Items other than documents may not be given to the inmate. Examples are writing instruments, chewing gum, cigarettes, etc.

3) For the security and orderly operation of the institution, an inmate may only take one 11” x 14” envelope of documents to the visiting room to review with, or give to, his attorney without prior approval.

E. EVIDENCE TAPES, AUDIO OR VHS:

1) Once an Authorization to Receive Package has been authorized by the Unit Team, an attorney may mail in evidence tapes (audio or VHS) for review by the inmate. These tapes will be approved for retention with the inmate for a two week period and then must be mailed out of the institution. If additional time is needed, it should be requested and approved through the Unit Manager. The inmate’s Unit Team will make arrangements for the inmate to review and hear the evidence tapes.
F. **EQUIPMENT:**

1) Use of cameras, recording equipment, computers, cellular telephones, or any other type of electronic device is prohibited without proper prior authorization.

6. **PARALEGALS, CLERKS, AND LEGAL ASSISTANTS:**

A. An attorney may make application for an individual to enter the institution as the attorney’s representative (Attachment 1). A personal history statement, background check, and a pledge to abide by Bureau of Prisons’ regulations will be required. The supervising attorney must: (1) certify their representative’s ability to perform in this role and his/her awareness of the responsibility of this position, (2) pledge to supervise the applicant’s activities, acknowledgment to abide by Bureau of Prisons regulations, and (3) accept both personal and professional responsibility for all acts of their representative which may affect the institution, the inmates, and staff. The same general regulations which apply to attorneys also apply to the attorney’s representatives.

B. Initial approval to enter the institution as a representative will take approximately two weeks to complete. Incomplete applications will not be accepted. All questions on the application must be answered or marked not applicable.

7. **DEPOSITIONS OR INTERVIEWS:**

A. Request for depositions or interviews must be requested in the same manner, however, a list of all individuals who will participate in the deposition/interview, a Notice to Take Deposition, and a court order must be provided. The verification and scheduling process will take approximately one (1) week and must be completed prior to the deposition/interview.

B. Request to conduct a polygraph examination of an inmate must be made in accordance Program Statement 5110.09. Accordingly, any request for a polygraph in connection with a misdemeanor offense, civil proceeding, or any other legal matter must be accompanied with a federal court order. The request should include the date and approximate time you will be entering the institution and all person(s) entering the institution to conduct the testing. The attorney’s office must provide information which verifies the credentials of these individual(s).
8. **PROCESS SERVERS:**

   A. Occasionally there is a need to serve inmates with legal documents. Process servers are licensed by the State of Florida. Before they are allowed to enter the facility, they must present their Florida State permit and a valid drivers’ license. Listed below are the procedures that will be followed when admitting process servers into the institution.

   1) Process serves may serve inmates during normal visiting hours.

   2) After proper identification has been made and a Notification of Visitor form completed, the process server will be escorted to the visiting room for service to be rendered to the inmate. If the front lobby officer is uncertain as to the identity of the process server, he may contact the Consolidated Legal Center, Unit Team, or DHO to assist in this effort.

   B. Under no circumstances will an FCI staff member accept process on behalf of any inmate or staff member, unless specifically authorized by the Warden.

9. **LAW ENFORCEMENT PERSONNEL (local, state, and federal):**

   A. Normally, these visits are coordinated through the Special Investigative Section (SIS) or Operations Lieutenant. After regular duty hours, the Operations Lieutenant or the staff Duty Officer will provide assistance.

10. **ADMINISTERING OATHS AND ACKNOWLEDGEMENTS:**

    A. Oaths and acknowledgement will be administered as outlined in Program Statement 1315.07, Legal Activities, Inmate, dated November 5, 1999. Request will be made to the Unit Team. Ordinarily, staff will not administer oaths or take acknowledgments for documents signed pursuant to a United States law, rule or regulation, including those for submission to a federal court. The Case Management Coordinator is responsible for instruction of appropriate personnel in these procedures.

11. **OTHER INFORMATION:**

    A. While this information serves as a guideline for attorneys and their representatives, it is not meant to be all inclusive. Questions concerning these procedures or other situations not covered should be discussed as indicated above with Unit Team.
12. **OFFICE OF PRIMARY RESPONSIBILITY**: Executive Assistant

October 4, 2013
Date

R. C. Cheatham, Warden
GENERAL

This information is provided pursuant to Public Law 93 - 579, the Privacy Act of December 31, 1974.

PURPOSES AND USES

The information you supply may be used as a basis for an investigation regarding your correspondence with ______________________ and admission to visit this person at ______________________. In the process of conducting the investigation, the Bureau of Prisons may disclose the information to federal, state, or local law enforcement agencies.

EFFECTS OF NONDISCLOSURE

You are not required to supply the information requested on the attached form. If you do not furnish the information requested, the processing of your request will be suspended, and you will receive no further consideration. If you furnish only part of the information required, the processing of your request will be attempted; however, it may be significantly delayed. If the information withheld is found to be essential to processing your request properly, you will be so informed, and your request will receive no further consideration unless you supply the missing information. Although no penalties are authorized for failure to supply the requested information, failure to supply the information could result in your not being considered for or allowed admittance to the institution or correspondence privileges with the inmate in question.

APPLICATION TO ENTER INSTITUTION AS THE REPRESENTATIVE OF A LICENSED ATTORNEY OR TO CORRESPOND WITH A FEDERAL PRISONER AS THE REPRESENTATIVE OF A LICENSED ATTORNEY

This form has three parts:
1. questionnaire: The questionnaire is to be completed by each paralegal employee, legal assistant, clerk or student who seeks to enter an institution of Federal Bureau of Prisons as the representative of a licensed attorney to visit a federal prisoner or to correspond with a federal prisoner as the attorney’s representative.
2. Certification: The person seeking to enter a federal institution or to visit or correspond with a federal prisoner must sign the certification which follows the questionnaire.
3. Attorney’s Statement: The licensed attorney must sign this statement.
## Questionnaire

(Note: Answer all questions. If a question does not apply to you, write "Not Applicable" in the space provided for the answer.)

1. Name: 

2. a. Any alias or other name ever used:
   - Name: 
   - When used:
   - Name: 
   - When used:

3. a. Present Address: 
   b. How long at this address?
   c. List all previous addresses (Including Street and Number, City and State) for the last five years and dates you resided at each address:
   - Address 1:
   - Address 2:
   - Address 3:
   - Address 4:
   - Address 5:

4. a. Present place of employment: 
   b. Name of immediate supervisor: 
   c. Employer's business address: 
   d. Employer's business phone:
   e. List all previous employers for the past five years, including employer's addresses and dates of your employment with each employer:
   - Employer 1
   - Address 1
   - Dates of Employment
   - Employer 2
   - Address 2
   - Dates of Employment
   - Employer 3
   - Address 3
   - Dates of Employment

5. List all schools, universities, or other educational institutions attended from grade 10 to present (This should include any and all legal training that you have received):
   - School 1
   - Address 1
   - Degree and date received
   - School 2
   - Address 2
   - Degree and date received

6. Have you ever been convicted of ANY criminal offense? If so, complete the following. You may exclude any convictions for minor traffic violations (fine of $50 or less).
   - Offense
   - Date of Conviction
   - Name, Location of Court

7. Have you ever been confined in any jail, prison or penal institution? If so, complete the following:
   - Type of Institution
   - (State, Federal, Municipal, County)
   - Location
   - Dates of Confinement

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**Prescribed by P1315**

**Replaces BP 243(13) of JUL 00**
8. Have you ever been denied permission to visit or correspond with any inmate by an institution within the Federal Bureau of Prisons? Yes ___________ No ___________. If so, which institutions, with which inmate, and when?

9. Are you a citizen of the United States? Yes ___________ No ___________. If not, give the name of the country of which you are a citizen or subject.

**STATEMENT OF APPLICANT SEEKING TO ENTER AN INSTITUTION TO VISIT OR TO CORRESPOND WITH A FEDERAL A AS THE REPRESENTATIVE OF A LICENSED ATTORNEY**

I certify that I am authorized to act as the legal representative of ___________, who is a licensed member of the bar of the State of ___________. I request that I be allowed to interview and correspond with ___________, who is confined at ___________. I am aware of my responsibility as a representative of the above-named attorney and certify that I am able to meet this responsibility. I am also aware of the Bureau of Prison's Policy on Inmate Legal Activities and certify that I am able to and will adhere to the requirements of this policy. I pledge to abide by Bureau of Prisons regulations and institution guidelines.

I hereby certify that all of the information contained in this questionnaire is true and correct to the best of my knowledge. Furthermore, I understand that all information contained in this questionnaire may be investigated and verified through the use of federal, state, and local authorities.

Applicant’s printed name: ___________

Date completed: ___________

**STATEMENT OF SPONSORING ATTORNEY**

I hereby certify that I am a licensed member of the bar of the State of ___________ and that I employ or supervise ___________. I authorize ___________ to represent me and request that as my representative he/she be allowed to interview and correspond with ___________, who is currently confined at ___________. I further certify that ___________ is aware of the responsibility of his/her role as my representative and is able to meet this responsibility. I pledge that I will supervise my representative's activities. I accept personal and professional responsibility for all acts of my representative which affect the institution, its inmates or staff.

Attorney’s printed name: ___________

Attorney’s signature: ___________

Date completed: ___________