



ATTORNEY/711 VISITATION NOTIFICATION

CHICAGO POLICE DEPARTMENT



District/ Unit of Arrest:		Date:	
Department Facility of Custody:		Time:	
ATTORNEY VISITATION INFORMATION			<input type="checkbox"/> DNA
Name:			
Address:			
Phone:			
State ID/DL:		ARDC No.:	
Time of Arrival:		Date:	
Time of Visitation:		Date:	
711 LICENSEE INFORMATION			<input type="checkbox"/> DNA
Name:			
Address:			
Phone:			
State ID/DL:		711 License No.:	
Agency:		Supervising Attorney Name:	
Time of Arrival:		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 consult with legal counsel. I knowingly and voluntarily:			
<input type="checkbox"/> Agree to the visitation.		<input type="checkbox"/> Decline the visitation.	
Signature:		<input type="checkbox"/> Refused	Date: Time:
REPORTING OFFICER INFORMATION			
Name:		Star:	Unit:
Signature:		Date:	
STATION SUPERVISOR INFORMATION			
Name:		Star:	Unit:
<input type="checkbox"/> Visitation Allowed by Station Supervisor		<input type="checkbox"/> Visitation Denied by Station Supervisor	
Comments:			
Signature:		Date:	