

# REQUEST FOR CONTACT VISIT AT MCAC

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

Case name and number: \_\_\_\_\_

Inmate name and number: \_\_\_\_\_

Reason for contact visit: \_\_\_\_\_

Dates available for contact visit: \_\_\_\_\_

**EVERY EFFORT SHOULD BE MADE TO SCHEDULE CONTACT VISIT ON TUESDAY OR THURSDAY**

Approved: Yes/ No \_\_\_\_\_

**Donna P. Shearer  
CJA Supervising Attorney**

Faxed to Shift Commander on \_\_\_\_\_ ( fax 410-332-4561)

Contact visit approved for Date: \_\_\_\_\_

Signature \_\_\_\_\_ MCAC Official

\*Form should be faxed to Donna P. Shearer, CJA Supervising Attorney 410-962-3630 if you can't reach Ms. Shearer fax request to: Judge James K. Bredar 410-962-2985