

ATTORNEY VISIT CERTIFICATION

I HEREBY SWEAR AND AFFIRM THAT PURSUANT TO THE REQUIREMENTS OF SB7,
I VISITED IN PERSON WITH:

Defendant's Name: _____ SID: _____

Cause No(s): 1 _____ 5 _____
2 _____ 6 _____
3 _____ 7 _____
4 _____ 8 _____

(SELECT ONE):

<input type="checkbox"/> LOCATION	DATE
_____ BEXAR COUNTY JAIL	_____
_____ VIA REMOTE ATTORNEY VISITATION	_____

Attorney Signature X _____

Print Name: _____

Bar Number: _____