ATTORNEY OF RECORD DESIGNATION FOR CIVILIAN COUNSEL

For use of this form, see AR 190-47; the proponent agency is OPMG.

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC Section 7013, Secretary of the Army; and Army Regulation 190-47, The Army Corrections System.

PRINCIPAL This form is used by the Army Corrections System Correctional Facilities To provide a means for prisoners to

PURPOSE(S): request and designate civilian attorneys of record to permit visits and privileged communications, as necessary

in matters relating to legal representation.

NOTE: For additional information see the System of Records Notice A0190-47 DAPM-ACC:

https://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/569994/a0190-47-dapm-acc-aspx

acc.aspx

ROUTINE USE(S): To the Army Corrections System (ACS) Staff to verify the prisoners request to retain a civilian Attorney at Law

request and to verify the prisoner retained Attorney of Law is in good standing and a member of the Bar. For ACS Prisoner/Attorney approval verification for communication and visitation.

DISCLOSURE: Voluntary; however, failure to provide the requested information will prevent the staff of the correctional facility from completing the prisoners request.

Part I. Prisoner , Registration # , have solicited/retained the following Attorney at Law as my attorney of record to represent me: Organization or Firm: Address: _____ Fax #: (____) ____ Email: _____ Phone #: (I request that said attorney be permitted to visit me and to communicate with me, via mail with envelopes marked as "PRIVILEGED", as necessary in the matter of: Prisoner's Signature Part II. Attorney , Attorney at Law, an attorney in good standing and a member of the Bar of the State(s) of _____ have been retained by and am representing , a military prisoner confined within the following Army Corrections System (ACS) facility, in the matter of: All attorney client correspondence must be marked "PRIVILEGED" on the front of the envelope. If not properly marked, it will be subject to the ACS facility mail screening procedures. Attorney's Signature Part III. Approval Authority Date ACS Facility: APPROVED: DISAPPROVED: Facility Commander or Office of the Command Judge Advocate Printed Name and Signature Reason for Disapproval: