

Allegheny County Bureau of Corrections 950 Second Avenue Pittsburgh Pa, 15219 412-350-2000 (P) / 412-350-2032 (F)

CONTROL NUMBER REQUEST FORM

To request a Control Number, transmit this completed form via facsimile to the Allegheny County Jail, Control Number Request, at 412-350-2032. The request will be processed and a number will be provided

| via faccincila the payt business day | • | essed and a number win be provided | |
|--|------------------------------------|--|--|
| via facsimile the next business day. | | | |
| Requestor's Name: | State A | ttorney Identification Number (if applicable): | |
| Name of Court, Court Office or Law Firm/Law Office (if applicable): | | | |
| | Transce (in application). | | |
| Street Address: | | | |
| | | | |
| City, State, and Zip Code: | | | |
| Telephone Number: | none Number: Facsimile Number: | | |
| refeptione Number. | r desirine rvanik | Tuestime Number. | |
| | VERIFICIATION | | |
| | (Attorney Requests Only) | | |
| | | | |
| Subject to the penalties and provisions of 18 Pa. C.S. §4904, relating to unsworn falsification to authorities, I, | | | |
| , verify that all mail I send to inmates using the control number will contain only | | | |
| essential, confidential, attorney-client c | ommunication and will contain no c | ontraband. | |
| | | | |
| | | | |
| ate Signature of Attorney | | | |
| | Signature o | rattorney | |
| | | | |
| | | | |
| *A law firm or other law office that has | s more than one attorney who corre | esponds with inmates must request | |
| one control number for each attorney. | - | · · | |
| with more than one attorney, must have the name of the law firm or law office on the envelope with the control | | | |
| number. | | | |
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| ALLEGHE | NY COUNTY BUREAU OF CORRECTION | ONS USE ONLY | |
| Data Barrasi Barri ad | Andread Control No. | Data Daniel Data and | |
| Date Request Received: | Assigned Control Number: | Date Request Returned: | |
| | | | |