

\_\_\_\_\_  
(INSTITUTION)

I, \_\_\_\_\_,  
a licensed attorney in the State of \_\_\_\_\_,  
with offices at \_\_\_\_\_  
visiting \_\_\_\_\_,  
on \_\_\_\_\_, 19 \_\_\_\_\_,

hereby certify that my visit with this inmate is for the purpose of facilitating the attorney-client or attorney-witness relationship and for no other purpose. I certify that any tape-recording or other recording made by me of, or during any portion of this visit will be used only to facilitate this relationship.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)