

**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