

# ATTORNEY SEARCH RECEIPT

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DATE:

TIME:

INSTITUTION:

NAME AND ADDRESS OF ATTORNEY:

\_\_\_\_\_  
\_\_\_\_\_

NAME OF CORRECTION OFFICER

\_\_\_\_\_

I, \_\_\_\_\_ (Attorney Name) consent to a pat search by  
correction officer \_\_\_\_\_.

The pat search took place at \_\_: \_\_ A.M./P.M. on \_\_\_\_\_ (date).

\_\_\_\_\_  
Attorney Signature

\_\_\_\_\_  
Correction Officer Signature