

Personal Materials Copies Request

Prisoner's Name: _____ Date: _____

OBSCIS No.: _____ Institution: _____

Describe Materials to be Copied: _____

Reason Copies Needed: _____

Date Copies Needed: _____

More than one copy of documents: No _____ Yes _____

If yes, identify documents and reason why more than one copy required: _____

Total Number of Copies Requested _____ (number of copies of documents times number of pages per document)

Commissary Form attached authorizing \$_____ (total number of copies time \$0.15 per copy) to be withdrawn from prisoner account.

Prisoner Indigent _____ Indigence verified by: _____ Date: _____

I hereby state that the above information is true and correct.

Prisoner: _____ Date: _____

Copies authorized by: _____ Date: _____

Comments/Instructions: _____

Copies made by: _____ Date: _____