



# *City of* **Norfolk**

*Norfolk Sheriff's Office*  
811 E. City Hall Avenue  
Norfolk, Virginia 23510  
Phone (757) 664-4700  
Sheriff Joseph Baron

## **Acceptance and Waiver Form**

I certify that I am a licensed attorney in good standing in the Commonwealth of Virginia, and representation of certain individuals in area courts requires that I make professional visits of individuals housed in the Norfolk City Jail.

I understand that the Sheriff and his agents and/or assignees may not be able to anticipate the language and behavior, as well as any criminal action directed towards me by an inmate, not in the presence of a deputy, should be immediately reported to a deputy during my visit so that appropriate action can be taken.

Although I understand that I can arrange no-contact visits through the Visitation department at the Norfolk City Jail, I elect to conduct unaccompanied contact visits throughout the jail facility. I will report to the Loading Dock area of the jail, provide my Virginia State Bar membership card, valid photo identification, and always inform the deputies of my client's name and destination in the jail. I also understand that I must follow all required security screenings as requested. I understand that "**weapons and contraband**" of any kind are strictly prohibited in the Norfolk City Jail, and further agree to random bag and pat-down searches pursuant to all Norfolk Sheriff's Office policies and procedures in the interest of facility safety.

This waiver shall continue to be in effect indefinitely from the date of signature and kept on file at the Norfolk Sheriff's Office unless requested otherwise.

This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

Virginia State Bar No. \_\_\_\_\_

**PLEASE DELIVER EXECUTED WAIVERS TO THE LOADING DOCK AREA OF THE NORFOLK SHERIFF'S OFFICE (ADDRESS ABOVE), ATTN: ATTORNEY VISITATION**