



M E M O R A N D U M
DALLAS COUNTY SHERIFF'S DEPARTMENT
INMATE PROGRAMS DIVISION

ACKNOWLEDGEMENT OF OUTSIDE AGENCY JAIL VISITATION RULES

I have received a copy of the agency jail visitation rules and have read and understand the rules. I understand that I am to comply with the rules at all times while present in a Dallas County Jail Facility.

I understand that failure to comply with the rules will result in my denial of access to any detention facility in the Dallas County Sheriff's Department Jail System.

Printed Name: _____

Signature: _____

Date: _____

Print Agency Name: ALCOHOLIC ANONYMOUS

Agency Phone Number and E-Mail Address: (214) 621-8612 stangen@att.net