





**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: (469) 855-0710 [colin@singlesource.tv](mailto:colin@singlesource.tv)