

Kane County Sheriff's Office
Attorney Remote Visitation Registration Form

Name _____
Print Name

Business Address _____
Name of Represented Firm

Street Address

City State Zip

Email address _____
Provide an email address you would like to receive automatic notifications from the system

Phone Number _____

Please provide the Name / Number of one detainee you will be seeing (you only need to provide one at this time, more can be added later if you need to)

Detainee's Last Name	Detainee's First Name	Detainee's Number
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Rules:

1. During the registration process attorneys must present both a valid State ID and IARDC / BAR card.
2. Only persons who have registered with the Kane County Sheriff's Office are allowed to utilize the remote visitation software.
3. Non-Attorney representatives such as interpreters, etc. may utilize the system under the following circumstances
 - A. All representatives must register with the Kane County Sheriff's Office
 - B. While registering the representative must present a valid state ID and either a letter or a recent paystub from the sponsoring attorney / firm to prove employment.
4. At no time will the family member(s) or friend(s) of a detainee be allowed to visit using the remote visitation system.
5. A fee will be charged by the vendor for use of this service. Any questions, comments or concerns regarding the fee(s) or billing should be taken up with the vendor.

I understand that by signing below I attest that all of the information provided is, to the best of my knowledge, true and complete. I further understand that any misuse or misrepresentation could result in sanctions, administrative or criminal. By signing I also state that I have read and understand the rules regarding use of the remote visitation system and agree to follow said rules. I understand that violation of any rule may result in sanctions, administrative or criminal.

Signature _____ Date _____