DATE: 9-18-04

REPLY TO ATTN OF: [Redacted] Visiting Room Officer

SUBJECT: Visitor denied entrance to Visiting Room

TO: Captain

THRU: Operations Lieutenant

On the above date, at 10:55 a.m. the following visitor [Mr./Ms./Miss] was denied entrance into the Visiting Room.

**************

Inmate Concerned [Redacted]

Reason for denial: 1. Improper or no identification
2. Not on inmate's visiting list
3. Under age or without parent/guardian
   Other [Redacted]

Comments:


CC: Institution Duty Officer
MEMORANDUM FOR J. MOORHEAD, CAPTAIN

DATE: 9-18-04

SUBJECT: Positive ION TRACK Test Result

On 9-18-04 (date), at approximately 1055 am (time), an electronic scan for contraband, using the Ion Track Electronic Drug Detection System, was conducted on [Visitor name], who attempted to visit inmate [Visitor name]. The test was positive for the presence of THC. A follow-up test revealed the presence of THC.

This is the ( ) 1st, ( ) 2nd, ( ) 3rd, ( ) 4th Positive test result for this visitor.

Dates of previous positive test results: ____________________________

__________________________

__________________________

The visitor will be allowed to return to the institution:

( ) 48 hours Date 9-20-04

( ) 30 days Date ______________________

( ) 90 days Date ______________________

( ) 180 days Date ______________________

Attached is the Title 18 (Visiting Form), the Ion Track printout receipt, and the Sample Trap used for testing.
NOTIFICATION TO VISITOR CDFRM
MAY 99
U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

Date: 9/18/04 Time: 10:27 Officer's Name: 
Institution: USP ATWATER
Location: ATWATER, CA

Name of Inmate To Be Visited:

It is a federal crime to bring upon the institution grounds any firearm, destructive device, ammunition, other object designed to be used as a weapon, narcotic drug, controlled substance, alcoholic beverage, currency, or any other object that threatens the order, discipline, or security of a prison, or the life, health, or safety of an individual without the knowledge and consent of the Warden. 18 U.S.C. SS 1791 and 3571 provides a penalty of imprisonment for not more than twenty years, a fine of not more than $250,000 or both, to a person who provides, or attempts to provide, to an inmate any prohibited object. All persons entering upon these premises are subject to routine searches of their person, property (including vehicles), and packages. The Warden, upon reasonable suspicion that a person may be introducing contraband or demonstrating actions that might otherwise endanger institution safety, security, or good order, may request the person, as a prerequisite to entry, to submit to a visual search, pat search, urine surveillance test, breathalyzer test, or other comparable test. A visitor has the option to refuse any of the search or test or entrance procedures with the result that the visitor will not be permitted entry to the institution.

NOTE: Your refusal of these procedures means that you will not be permitted entry to the institution, and you will be allowed to leave the institution property, unless there is a reason to detain and/or arrest you. The use of cameras or recording equipment without permission of the Warden is strictly prohibited. Violators are subject to criminal prosecution. Once a visit with an inmate begins, if a visitor leaves the visiting area, the visit will be terminated. Any exception must be approved by the visiting room officer.

PLEASE ANSWER THE FOLLOWING QUESTIONS: Are any of the following items in your possession, or in possession of children in your party under 16 years of age?

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<th>No</th>
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<td>Ammunition</td>
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<td>Metal Cutting tools</td>
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<td>Recording Equipment</td>
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<tr>
<td>Cellular Phone</td>
<td>Yes</td>
<td></td>
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<tr>
<td>Narcotics</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Marijuana</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Camera</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Food Items</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Alcoholic Beverages</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Prescription Drug</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

*All types of medication carried must be listed in the following space, and must be left at the entry area:

I have read, I understand, and I agree to the above. If I am visiting with an inmate, I also understand and agree to abide by the visiting guidelines provided me by this institution. I declare that I do not have articles in my possession which I know to be a threat to institution safety, security, or good order. I am aware that if I have questions about what is authorized, I should consult with the officer. I am aware that the penalty for making a false statement is a fine of not more than $50,000.

Printed Name/Signature:

If visiting with inmate, am responsible:

If not visiting with an inmate, please indicate:

Name of Organization:

Printed Name/Signature of Staff Witness:

(This form may be replicated via WP)
DATE: 9-18-04

REPLY TO ATTN OF: (q)(g) Visiting Room Officer

SUBJECT: Visitor denied entrance to Visiting Room

TO: Captain

THRU: Operations Lieutenant

On the above date, at 1000 a.m. (p.m.), the following visitor (Mr./Mrs./Miss) (g)(q) was denied entrance into the Visiting Room.

Inmate Concerned (g)(q)

REGISTER NUMBER

Reason for denial:
1. Improper or no identification
2. Not on inmate's visiting list
3. Under age or without parent/guardian
4. Other

Comments: ___________________________________________ 

_____________________________________________________

_____________________________________________________

_____________________________________________________

CC: Institution Duty Officer
MEMORANDUM FOR J. MOORHEAD, CAPTAIN

DATE: 9-18-04

SUBJECT: Positive ION TRACK Test Result

On 9-18-04 (date), at approximately 1000 am (time), an electronic scan for contraband, using the Ion Track Electronic Drug Detection System, was conducted on [visitor name], who attempted to visit inmate [name]. The test was positive for the presence of [drug name]. A follow-up test revealed the presence of [drug name].

This is the [1st, 2nd, 3rd, 4th] Positive test result for this visitor.

Dates of previous positive test results: ________________________________

________________________

________________________

The visitor will be allowed to return to the institution:

( ) 48 hours Date 9-20-04

( ) 30 days Date __________________________

( ) 90 days Date __________________________

( ) 180 days Date __________________________

Attached is the Title 18 (Visiting Form), the Ion Track printout receipt, and the Sample Trap used for testing.
BP-S224.022 NOTIFICATION TO VISITOR CDFRM
MAY 99
U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Date: 09/18/04 Time: 9:50Am Officer's Name: (g)(q)

Institution: USP ATWATER Location: ATWATER CA (g)(q)

Name of Inmate To Be Visited: (g)(q)

It is a Federal crime to bring upon the institution grounds any firearm, destructive device, ammunition, other object designed to be used as a weapon, narcotic drug, controlled substance, alcoholic beverage, currency, or any other object that threatens the order, discipline, or security of a prison, or the life, health, or safety of an individual without the knowledge and consent of the Warden. 18 U.S.C. §§ 1791 and 3571 provides a penalty of imprisonment for not more than twenty years, a fine of not more than $250,000 or both, to a person who provides, or attempts to provide, to an inmate any prohibited object. All persons entering upon these premises are subject to routine searches of their person, property (including vehicles), and packages. The Warden, upon reasonable suspicion that a person may be introducing contraband or demonstrating actions that might otherwise endanger institution safety, security, or good order, may request the person, as a prerequisite to entry, to submit to a visual search, pat search, urine surveillance test, breathalyzer test, or other comparable test. A visitor has the option to refuse any of the search or test or entrance procedures, with the result that the visitor will not be permitted entry to the institution.

NOTE: Your refusal of these procedures means that you will not be permitted entry to the institution, and you will be allowed to leave the institution property, unless there is a reason to detain and/or arrest you. The use of cameras or recording equipment without permission of the Warden is strictly prohibited; violators are subject to criminal prosecution. Once a visit with an inmate begins, if a visitor leaves the visiting area, the visit will be terminated. Any exception must be approved by the visiting room officer.

PLEASE ANSWER THE FOLLOWING QUESTIONS: Are any of the following items in your possession, or in possession of children in your party under 16 years of age?

<table>
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<tr>
<th>Item</th>
<th>Yes</th>
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<tr>
<td>Firearms</td>
<td>☑️</td>
<td></td>
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<tr>
<td>Explosives</td>
<td>☐️</td>
<td>☑️</td>
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<tr>
<td>Weapons</td>
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<td>☑️</td>
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<tr>
<td>Ammunition</td>
<td>☐️</td>
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<td>Metal Cutting tools</td>
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<tr>
<td>Alcoholic Beverages</td>
<td>☑️</td>
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</tr>
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<td>Prescription Drug*</td>
<td>☑️</td>
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</table>

*All types of medication carried must be listed in the following space, and must be left at the entry area:

I have read, I understand, and I agree to the above. If I am visiting with an inmate, I also understand and agree to abide by the visiting guidelines provided me by this institution. I declare that I do not have articles in my possession which I know to be a threat to institution safety, security, or good order. I am aware that if I have questions about what is authorized, I should consult with the officer. I am aware that the penalty for making a false statement is a fine of not more than $250,000 or imprisonment of not more than five years or both (pursuant to 18 U.S.C. § 1610).

Printed Name/Signature: ____________________________

Street Address/City: ______________________________

Vehicle License No: ________________________________

If visiting with an inmate, who is the inmate responsible:

______________________________

If not visiting with an inmate, please indicate:

Name of Organization: ______________________________

Printed Name/Signature of Staff Witness: ______________________________

(This form may be replicated via WP) Replaces BP-224(52) of Jul 95
DATE: 9-12-04

REPLY TO
ATTN OF: Visiting Room Officer

SUBJECT: Visitor denied entrance to Visiting Room

TO: Captain

THRU: Operations Lieutenant

On the above date, at 12:20 (am/PM), the following visitor (Mr./Ms./Miss ___) was denied entrance into the Visiting Room.

Inmate Concerned

Reason for denial: 1. Improper or no identification 2. Not on inmate's visiting list 3. Under age or without parent/guardian 4. Other [ ]

Comments:

________________________________________

CC: Institution Duty Officer
MEMORANDUM FOR J. MOORHEAD, CAPTAIN

DATE: 9-12-04

SUBJECT: Positive ION TRACK Test Result

On 9-12-04 (date), at approximately 12:20 pm (time), an electronic scan for contraband, using the Ion Track Electronic Drug Detection System, was conducted on (visitor name), who attempted to visit inmate (g/q). The test was positive for the presence of AMPHET. A follow-up test revealed the presence of AMPHET.

This is the 1st, 2nd, 3rd, or 4th Positive test result for this visitor.

Dates of previous positive test results: __________________________

__________________________

The visitor will be allowed to return to the institution:

( ) 48 hours Date 9-14-04
( ) 30 days Date __________________________
( ) 90 days Date __________________________
( ) 180 days Date __________________________

Attached is the Title 18 (Visiting Form), the Ion Track printout receipt, and the Sample Trap used for testing.
BP-S224.022 NOTIFICATION TO VISITOR CDFRM
MAY 99
U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

Date: 9/12/61 Time: 7:30 Officer's Name: (g)(q)

Institution: USP ATWATER Location: ATWATER CA (g)(q)

Name of Inmate To Be Visited: (g)(q)

It is a Federal crime to bring upon the Institution grounds any firearm, destructive device, ammunition, other object designed to be used as a weapon, narcotic drug, controlled substance, alcoholic beverage, currency, or any other object that threatens the order, discipline, or security of a prison, or the life, health, or safety of an individual without the knowledge and consent of the Warden. 18 U.S.C. §§ 1791 and 3571 provides a penalty of imprisonment for not more than twenty years, a fine of not more than $250,000 or both, to a person who provides, or attempts to provide, to an inmate any prohibited object. All persons entering upon these premises are subject to routine searches of their person, property (including vehicles), and packages. The Warden, upon reasonable suspicion that a person may be introducing contraband or demonstrating actions that might otherwise endanger institution safety, security, or good order, may request the person, as a prerequisite to entry, to submit to a visual search, pat search, urine surveillance test, breathalyzer test, or other comparable tests. A visitor has the option to refuse any of the search or test or entrance procedures, with the result that the visitor will not be permitted entry to the institution.

NOTE: Your refusal of these procedures means that you will not be permitted entry to the institution, and you will be allowed to leave the institution property, unless there is a reason to detain and/or arrest you. The use of cameras or recording equipment without permission of the Warden is strictly prohibited; violators are subject to criminal prosecution. Once a visit with an inmate begins, if a visitor leaves the visiting area, the visit will be terminated. Any exception must be approved by the visiting room officer.

PLEASE ANSWER THE FOLLOWING QUESTIONS: Are any of the following items in your possession, or in possession of children in your party under 16 years of age?

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I have read, I understand, and I agree to the above. If I am visiting with an inmate, I also understand and agree to abide by the visiting guidelines provided me by this institution. I declare that I do not have articles in my possession which I know to be a threat to institution safety, security, or good order. I am aware that if I have questions about what is authorized, I should consult with the officer. I am aware that the penalty for making a false statement is a fine of not more than $250,000 or imprisonment of not more than five years or both (pursuant to 18 U.S.C. § 1001), and that any unauthorized person or an inmate visiting an inmate may be subject to arrest.

Printed Name/Signature: (g)(q)

Street Address/City: (g)(q)

Vehicle License No: (g)(q)

If visiting with an inmate, please answer the following questions:

If not visiting with an inmate, please indicate:

Name of Organization: (g)(q)

Printed Name/Signature of Staff Witness: (g)(q)

(This form may be replicated via WP)
DATE: 9-6-04

REPLY TO
ATTN OF: ________________, Visiting Room Officer

SUBJECT: Visitor denied entrance to Visiting Room

TO: Captain

THRU: Operations Lieutenant

On the above date at 8:00 A.M., the following visitor (Mr./Mrs./Miss/____) was denied entrance into the Visiting Room. Inmate Concerned (g)(q)

Reason for denial:  1. Improper or no identification
  2. Not on inmate's visiting list
  3. Under age or without parent/guardian
  4. Other

Comments: ____________________________________________________________

CC: Institution Duty Officer
MEMORANDUM FOR J. MOORHEAD, CAPTAIN

DATE:  9-6-04

SUBJECT: Positive ION TRACK Test Result

On 9-6-04 (date), at approximately 0600 AM (time), an electronic scan
for contraband, using the Ion Track Electronic Drug Detection System, was conducted
on (visitor name), who attempted to visit inmate (visitor name). The test was positive for the presence of
HEROIN. A follow-up test revealed the presence of HEROIN.

This is the 4th, ( ) 2nd, ( ) 3rd, ( ) 4th Positive test result for this visitor.

Dates of previous positive test results: ____________________________

             ____________________________

The visitor will be allowed to return to the institution:

48 hours  Date 9-6-04

( ) 30 days  Date ____________________________

( ) 90 days  Date ____________________________

( ) 180 days  Date ____________________________

Attached is the Title 18 (Visiting Form), the Ion Track printout receipt, and the Sample Trap
used for testing.
**BP-S224.022 NOTIFICATION TO VISITOR CDFRM**

**MAY 99**

**U.S. DEPARTMENT OF JUSTICE**

**FEDERAL BUREAU OF PRISONS**

**Date:** 9-6-94 **Time:** 8:01 **Officer's Name:**

**Institution:** USP ATWATER

**Name of Inmate To Be Visited:**

It is a Federal crime to bring into any Federal institution grounds any firearm, destructive device, ammunition, other object designed to be used as a weapon, narcotic drug, controlled substance, alcoholic beverage, currency, or any other object that threatens the order, discipline, or security of a prison, or the life, health, or safety of an individual without the knowledge and consent of the Warden. 18 U.S.C. §§ 1791 and 3571 provides a penalty of imprisonment for not more than twenty years, a fine of not more than $250,000 or both, to a person who provides, or attempts to provide, to an inmate any prohibited object. All persons entering upon these premises are subject to routine searches of their person, property (including vehicles), and packages. The Warden, upon reasonable suspicion that a person may be introducing contraband or demonstrating actions that might otherwise endanger institution safety, security, or good order, may request the person, as a prerequisite to entry, to submit to a visual search, pat search, urine surveillance test, breathalyzer test, or other comparable test. A visitor has the option to refuse any of the search or test or entrance procedures, with the result that the visitor will not be permitted entry to the institution.

**PLEASE ANSWER THE FOLLOWING QUESTIONS:** Are any of the following items in your possession, or in possession of children in your party under 16 years of age?

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*All types of medication carried must be listed in the following space, and must be left at the entry area:

I have read, I understand, and I agree to the above. If I am visiting with an inmate, I also understand and agree to abide by the visiting guidelines provided me by this institution. I declare that I do not have articles in my possession which I know to be a threat to institution safety, security, or good order. I am aware that if I have questions about what is authorized, I should consult with the officer. I am aware that the penalty for making a false statement is a fine of not more than $250,000 or imprisonment of not more than five years or both (pursuant to 18 U.S.C. § 1001). I am responsible:

**Printed Name/Signature:**

**Street Address/City:**

**Vehicle License Number:**

If visiting with an inmate, I am responsible:

**Name of Organization:**

**Printed Name/Signature of Staff Witness:**

(This form may be replicated via WP)