

SOLANO COUNTY SHERIFF'S DEPARTMENT  
CUSTODY DIVISION

MEDIA APPLICATION FOR INTERVIEW WITH INMATE

INMATE'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

I, \_\_\_\_\_ do hereby state that I am primarily  
(print name)  
employed in the business of gathering or reporting news for a  
news media.

Employed By: \_\_\_\_\_ Verified: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_

I have familiarized myself with the facility policy governing my  
conduct during interviews and visits within the facility and  
agree to comply fully with them.

Media Representatives entering the facility for the purpose of  
inmate interview are subject to search to include person and  
equipment.

I agree to respect the rights of privacy of all inmates and to  
obtain a signed Release from any inmate before any photograph or  
recordings are utilized or personal information derived from any  
interview or correspondence is used in any publication or  
broadcast.

I recognize a visit to a Custody Facility presents certain  
hazards, and I agree to assume all ordinary and unusual risks to  
my personal safety inherent in a visit to a facility of this  
type.

\_\_\_\_\_  
Media Representative (Signature)

cc: Media Representative  
Inmate booking file  
Division Commander  
Original, Facility file, w/signed Release