

To: X.O.-LT. R. Schlegel,



**Broward Sheriff's Office  
Department of Detention  
Inmate Request Form**

(To be Completed by Inmate)

Inmate Name: <u>Lancelot Armstrong</u>	Arrest Number: <u>500408148,</u>
Date of Request: <u>9/26/07</u>	Housing Location: <u>8-B-4-9,</u>
Date of Birth: <u>7-29-63,</u>	Case Number: <u>90-13414 of 103/90-5417 of 103.</u>

**NOTE:** Medical requests must be completed on an "Inmate Medical Request Form".

**NOTE:** Law Library requests must be completed on a "Law Library Request Form".

(Nature of Request) **PRINT YOUR REQUEST:**

RE: To our recent legal conversation on September 22, 2007, concern pro-se. case no.: SC07-1717 Lower Tribunal Appeal case no.: 4D07-2677 and Lower Tribunal case no.: 90-13414 of 103, on September 26, 2007, Sgt. R. Foust, denied access to the free legal pro-se. telephone, and further stated X.O.R. Schlegel, have to advise said approval before allowing access to the phone. Relief: I am respectfully seeking an written approval directing Sgt. R. Foust to comply with said legal pro-se. phone access.

Inmate's Signature: Lancelot Armstrong, Date Signed: September 26, 2007,

**\*\*\*DO NOT WRITE BELOW THIS LINE-FOR OFFICIAL USE ONLY\*\*\***

Deputy's Review:

Inmate's request answered/no other action needed  Request needs further action-routed accordingly

Deputy's Signature/CCN: [Signature] 1090 Date: 9-26-07 Time: 2345

**"ROUTING LIST"** - Inmate Request Form to be sent to:

- |   |  |
|---|--|
| <input type="checkbox"/> Chaplain                           | <input type="checkbox"/> Food Services         |
| <input type="checkbox"/> Classification/Inmate Work Program | <input type="checkbox"/> Mail Room (Detention) |
| <input type="checkbox"/> Commissary/Inmate Banking          | <input type="checkbox"/> Programs              |
| <input type="checkbox"/> Confinement Status                 | <input type="checkbox"/> Property (Detention)  |
| <input type="checkbox"/> Community Control                  | <input type="checkbox"/> Pre-Trial             |

Other (Specify): To: X.O.-LT. R. Schlegel, Attention!

Supervisor's Signature/CCN: [Signature]

Date:

Time:

**\*\*\*Staff Response or Administrative Action (add additional sheets as needed)\*\*\***

DATE RECEIVED: \_\_\_\_\_

Completed by:

CCN:

Date:

Distribution: Original-Inmate, Yellow and Pink-Housing Deputy