



Date: July 6, 2020

To: All Private Attorneys and Public Defenders

From: Lake County Sheriff Oscar Martinez, Jr.

RE: Modification of the Emergency Order of 03/19/20 Suspending Attorney Visits in the Jail

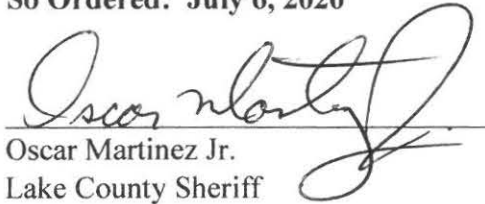
Recognizing the Lake County Judiciary has expressed an intent to begin jury trials and in-person legal proceedings on or about July 20, 2020, and the ongoing public health risks Covid-19 poses to inmates and employees in the Lake County Jail, I am hereby modifying my *Emergency Order Suspending Attorney Visits in the Lake County Jail* issued March 19, 2020, as follows:

**Effective July 8, 2020, in-person visits by attorneys with clients in the Lake County Jail will be permitted on a limited basis subject to each of the following requirements.**

1. In-person attorney-client visits will be allowed during the regularly scheduled legal visiting hours: 8:30 a.m.-10:00 a.m., 12:00 p.m.-3:00 p.m., 5:00 p.m.-10:00 p.m. If other attorneys are waiting to visit a client, the length of an attorney-client visit will be limited to 60 minutes to enable as many as attorneys as possible to meet with their client. If no attorneys are waiting to visit a client, a legal visit may exceed 60 minutes.
2. The number of attorneys visiting with clients inside the Jail will be limited to one (1) attorney per floor in the Old Section of the Jail and one (1) attorney per floor in the New Section of the Jail, for a total of 7 attorneys.
3. An Attorney visiting a client with a Jury Trial scheduled in the next 30 days will be given priority consideration for legal visits with their client. Attorneys will be required to provide proof of the client's trial date to the staff in the Front Lobby.
4. Attorneys must complete and sign a COVID-19 Risk/Waiver Form (attached) prior to each visit before entering the secure portion of the Jail. The form will be reviewed by Staff and kept on file. An attorney will be denied entry to the Jail if they have flu-like symptoms, were recently exposed to COVID-19, recovering from COVID-19 or any similar illness/symptoms or other contagious disease.
5. Attorneys will have their temperature taken before being allowed entry into the Jail. If the attorney's temperature is equal to or above 100.4 degrees, he or she will not be allowed to enter the Jail or remain in the Jail Lobby.

6. Attorneys are required to wear a protective mask and practice safe distancing at all times while they are in the jail. Any failure to meet these safety requirements will be reported by staff to the Shift Supervisor, who then will determine if the attorney visit should be terminated for safety reasons.
7. Inmates must wear a protective mask, protective gloves and practice safe distancing at all times during an attorney visit. Any failure by an inmate to meet these requirements will be reported by staff to the Shift Supervisor, who will determine if the attorney visit should be terminated for safety reasons.
8. Attorneys of Record, both private and public defenders, will continue to be allowed to conduct unmonitored telephone calls and video visits with their client, at No Cost, by creating a GTL/Telmate User Account as provided in the *Emergency Order Suspending Attorney Visits in the Lake County Jail* that was issued on March 19, 2020. Additionally, Attorneys may use the GTL/Telmate Video Visit Kiosks in the front lobby of the Jail to visit with their clients.

**So Ordered: July 6, 2020**

  
Oscar Martinez Jr.  
Lake County Sheriff

Attachments: Attorney Visitation Form

cc: Vince Balbo, Chief of Police  
Michael Zenk, LCJ Warden  
Bernard Carter, Lake County Prosecutor  
Marce Gonzalez Jr., Chief Public Defender  
Lake Sup. Court Criminal Division Judges  
Lake Sup. Court County Division Judges  
John Kopack, Sheriff's Attorney  
Lake County Bar Association

**LAKE COUNTY JAIL  
ATTORNEY VISITATION COVID-19 RISK AND WAIVER FORM**

In response to the Novel Coronavirus (COVID-19) pandemic, the Lake County Jail is taking precautions by following CDC guidelines for Correctional Facilities and Indiana Department of Public Health Standards for attorney in-person visits. This form must be completed and signed by the attorney before each in-person client visit will be authorized.

1. In the last 30 days have you cared for or been in contact with anyone who tested positive for or has been diagnosed with COVID-19?  YES  NO

2. Have you experienced any of the following Symptoms in the last 14 days?

Fever or chills	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sore Throat	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cough	<input type="checkbox"/> Yes <input type="checkbox"/> No	Diarrhea	<input type="checkbox"/> Yes <input type="checkbox"/> No
Headache	<input type="checkbox"/> Yes <input type="checkbox"/> No	Shortness of breath	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fatigue	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nausea or vomiting	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diarrhea	<input type="checkbox"/> Yes <input type="checkbox"/> No	Congested/runny nose	<input type="checkbox"/> Yes <input type="checkbox"/> No
New Loss of taste or smell <input type="checkbox"/> YES <input type="checkbox"/> NO			

3. Have you or any members of your household traveled outside of Lake County, Indiana in the last 30 days?  Yes  No If so, where: \_\_\_\_\_

The undersigned hereby certifies that:

I acknowledge Covid-19 is a pandemic and I am exposing myself to an increased risk of exposure to and infection by Covid-19 by entering the Lake County Jail for client visitation. I further acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I and my family members may be exposed to or infected by Covid-19, or other communicable disease, by entering the Lake County Jail, including but not limited to the risk that any such exposure may result in personal injury, illness, disability and/or death.

**Date:** \_\_\_\_\_, 202\_\_.

**Time:** \_\_\_\_\_ .m.

**Attorney:** \_\_\_\_\_ **Bar Number:** \_\_\_\_\_

\_\_\_\_\_  
(Print Name)

**Name of Inmate Client:** \_\_\_\_\_

**Received By:** \_\_\_\_\_ **Badge No.** \_\_\_\_\_