



Camden County Correctional Facility
330 Federal Street
Camden, NJ 08103
mail@camdendoc.com

CONTROL NUMBER REQUEST FORM

To request a Control Number, transmit this completed form via email to the Camden County Correctional Facility, Control Number Request, at mail@camdendoc.com. The request will be processed and a number will be provided via email the next business day.

Requestor's Name: _____ State Attorney Identification Number (if applicable): _____

Name of Court, Court Office or Law Firm/Law Office (if applicable): _____

Street Address: _____

City, State, and Zip Code: _____

Telephone Number: _____

Email Address: _____

VERIFICATION (Attorney Requests Only)

Subject to the penalties and provisions of N.J.S.A 2C:28-3, relating to unsworn falsification to authorities, I, _____, verify that all mail I send to inmates using the control number will contain only essential, confidential, attorney-client communication and will contain no contraband.

Date

Signature of Attorney

***A law firm or other law office that has more than one attorney who corresponds with inmates must request one control number for each attorney. Any correspondence sent to inmates from a law firm or other law office with more than one attorney, must have the name of the law firm or law office on the envelope with the control number.**

CAMDEN COUNTY DEPARTMENT OF CORRECTIONS USE ONLY

Date Request Received: _____

Assigned Control Number: _____

Date Request Returned: _____