

DEARBORN COUNTY LAW ENFORCEMENT CENTER

INMATE REQUEST FORM

INMATE NAME: Dan Brewington CELL # 3210 DATE: 4/3/11

TYPE OF REQUEST (CIRCLE)

VISITATION MAIL PROPERTY PHONE OTHER

REQUEST:

Please give me my Ritalin prescription as prescribed by my doctor or lock the prescription up in a safe place. Please stop trying to use my Ritalin prescription to harm me. (see attached letter, a copy will be posted on www.dambrewington.blogspot.com, and will be forwarded to Robert G. Kelly esq. & the professionals at The Affinity Center.) Please tell the DCLFC doctor to put his malpractice carrier on notice. I will be free to meet w/ Captain Hall anytime during the day tomorrow.

REPLY:

Empty lines for reply text.

INMATE SIGNATURE: Dan Brewington DATE: 4/3/11

OFFICER SIGNATURE: _____ DATE: _____