ATTORNEY OF RECORD DESIGNATION (Civilian and Individual Military Counsel) For use of this form, see AR 190-47; the proponent agency is DCS, G-1.	
	DATE
,	, Service No
Register Number, have	retained
in attorney whose address is	
o represent me in the matter of	
request that said attorney be permitted to visit me and	d to communicate with me as necessary in regard to this matter.
	(Signature)
	DATE
, an attorney in good standing and a member of the Ba	ar of
	have been retained and am represent
	, a prisoner confined
n the matter of	
	(Signature)
	DATE
	APPROVED:
	(Commandant/Confinement Officer)
NOTE: Individual military counsel is a nonappropriat pellate, will not be required to complete this form.	ted military counsel. Appointed military defense counsel, either trial or