

**YOUTH SERVICES OFFICIAL COPY**

Exhibit 2:

**LEGAL VISIT CONSENT FORM**

I, \_\_\_\_\_, am the legal guardian of \_\_\_\_\_  
\_\_\_\_\_, a child currently confined at the Oakley or Columbia Training School. My  
child has requested legal assistance from attorney(s) \_\_\_\_\_.

Attorney(s) \_\_\_\_\_ has/have my permission to  
conduct confidential legal visits with my child at the Oakley or Columbia Training School. I  
understand that the State of Mississippi will not monitor conversations between my child and legal  
counsel. I further understand that attorney(s) \_\_\_\_\_ will not charge  
for any legal advice or services they provide child.

I can be reached at the following telephone number(s) to confirm this authorization:

Daytime: \_\_\_\_\_

Evening: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature