

**DIANE T. LETARTE, M.B.A., LL.M.**

*ATTORNEY AT LAW*

ADMITTED IN CALIFORNIA, FLORIDA AND IN WASHINGTON D.C.

**CONSENT FORM TO WAIVE  
ALL ‘IN-PERSON’ PRISON APPEARANCE  
by the Law Office of Diane T. Letarte**

I (print name) \_\_\_\_\_, understand that there are currently some limited access to the CDCR facilities due to **COVID-19** health issues concerns. The Board of Parole Hearings (a.k.a. BPH) has developed Ca. Code of Regulations: 15 CCR 2050, et seq., which governs method of Conducting Proceeding. The *presumption* will be videoconference for parole hearings per 15 CCR 2053.

I am waiving all “in-person” prison appearance(s) by Attorney Letarte, for a consultation and for the Parole Hearing. This will eliminate the need for the attorney to travel to the prison; and will allow for the videoconference hearing attendance. I understand this waiver is **voided** if CDCR mandates in-person attorney-client confidential consultation (vs. audio confidential); thus an additional travel cost will be required, under those conditions.

THIS Consent IMPLIES that my attorney (and most likely the Commissioners) would not be in the prison with me but only present via audio / video for the parole hearing.

I absolve the law office of Diane T. Letarte of any unforeseeable technical difficulty or potential violation of due process of the law, as it relates specifically to attorney representation, in this alternate venue for the parole hearing representation.

This CONSENT does not absolve other parties (such as CDCR or BPH) of any due process violation(s) or your right to appeal on other grounds.

I understand and voluntarily agree with the no “in-person” prison consultation and no “in-person” parole hearing representation, by signing and dating this consent form.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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