

VISITOR APPLICATION

PLEASE PRINT

Name of Inmate _____
You Want to Visit: _____ Number: _____ Date: _____

Your Name: (first) _____ (middle) _____ (last) _____ (Maiden) _____ Age _____ Birth date (Mo./Day/Yr) _____

Please List Your Children Who May Be Coming in With You:

Name	Relationship	Date of Birth

Residence Address: _____ City: _____ State: _____ Zip Code: _____ Phone: _____

Your Vehicle:	Make	Model	Year	Color	Drivers License # & State	Social Security #

Your Relationship to Inmate:
(Mother/Father/Brother/Child)

Name of Other Inmate(s) you Visit:

Are you banned from any other correctional Institution? YES (If yes Please Explain) NO

Have you been convicted of Any Crime? YES (If yes Please Explain) NO

Have you ever entered a plea of guilty, for any crime? YES (If yes Please Explain) NO

Are you currently charged with any crimes? YES (If yes Please Explain) NO

Are you awaiting criminal court proceedings? YES (If yes Please Explain) NO

SEARCHES: Any individual entering the institution or its grounds may be subject at any time for contraband articles. This also applies to their personal property. Anyone refusing to submit to search will be denied admittance. If contraband is found, the institution may detain the individual for reasonable amount of time. Searches are not intended to embarrass or degrade any individual, nor are they intended to cast doubt on the integrity of the individual. The institution has bound through experiences that it is necessary to conduct searches for contraband to adequately provide a safe and secure institution for inmates, staff and visitors.

If an inmate is found in possession of contraband upon completion of a visit, the visitor (s) may be banned pending investigation by the institution and/or permanently banned.

IMPORTANT: Please read policies and sign the form where indicated. Unsigned applications will not be processed.

Signature: _____

