

## SPECIAL VISIT REQUEST

(To be completed by the inmate or applicant)

Inmate Name:		ID #:
Facility:	Unit:	Cell/Room:
<p>Special visits must be requested by the inmate in advance and are subject to approval by DOC staff. Special visits are for one full visiting period or one hour and must be used during regular visiting hours, unless otherwise approved. A Special Visit Request is required for anyone not on the inmate's approved visit list. Inmates are limited to four (4) special visits per year.</p> <p>Applicants must provide complete information. Aliases or nicknames will not be accepted. Social Security numbers must be provided for the purpose of conducting a criminal background check. Applications containing incomplete information will not be accepted. <b><u>Please print clearly.</u></b></p>		
Visitors Name:	Relationship:	
DOB:	SSN#	
Driver License # and state:	Physical Address (City, County State, Zip:	
Date Of Visit:		
Reason For Special Visit:	Approved <input type="checkbox"/> Denied <input type="checkbox"/>	
Visitors Name:	Relationship:	
DOB:	SSN#	
Driver License # and state:	Physical Address (City, County State, Zip:	
Date Of Visit:		
Reason For Special Visit:	Approved: <input type="checkbox"/> Denied <input type="checkbox"/>	
Visitors Name:	Relationship:	
DOB:	SSN#	
Driver License # and state:	Physical Address (City, County, State, Zip:	
Date Of Visit:		
Reason For Special Visit:	Approved: <input type="checkbox"/> Denied <input type="checkbox"/>	
One Hour <input type="checkbox"/> Full Period <input type="checkbox"/>		
Staff Approval (Signature/Print)		Date

**NOTE:**

Applicants may choose to mail/deliver the completed form directly to the facility where the inmate is housed.

All information provided shall remain confidential and will not be shared with inmates.