

# VISIT LIST VERIFICATION

(to be completed by the inmate or applicant)

Inmate Name: \_\_\_\_\_ Inmate #: \_\_\_\_\_ Unit: \_\_\_\_\_ Cell #: \_\_\_\_\_

The following immediate family members may be eligible to be placed on an inmate's visit list. All visitors are subject to a criminal history background check. Visitors who are approved for placement on an inmate's visit list are subject to annual background checks conducted by DOC staff.

Spouse	Sister	Grandchild	Grandparent	Son-in-law	Legal Guardian		AA Sponsor
Child	Step-brother	Step-parent	Great Grandparent	Daughter-in-law	Friend (2 allowed)**		
Parent	Step-sister	Half-sister	Mother-in-law	Sister-in-law *	Attorney of Record		
Brother	Step-child	Half-brother	Father-in-law	Brother-in-law *	M-2/W-2 Sponsors		

\* Spouse of the inmate's brother or sister    \*\* Two (2) friends who are at least eighteen (18) years of age and not immediate family members or two (2) nieces/nephews of any age may be approved for an inmate's visit list.

Applicants must provide complete information. Aliases or nicknames will not be accepted. P.O. boxes are not accepted for a "physical address". Social Security numbers must be provided for the purpose of conducting a criminal background check. Applications containing incomplete information will not be considered. **Please print clearly.**

	Full Name & Gender	Relationship to Inmate	Date of Birth	Soc. Security #	Drv. Lic # & State of Issue	Physical Address (city, county, state & zip code)	Telephone Number	Approved or Denied
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1.	<input type="checkbox"/> Male <input type="checkbox"/> Female							
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2.	<input type="checkbox"/> Male <input type="checkbox"/> Female							
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3.	<input type="checkbox"/> Male <input type="checkbox"/> Female							
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4.	<input type="checkbox"/> Male <input type="checkbox"/> Female							
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5.	<input type="checkbox"/> Male <input type="checkbox"/> Female							
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6.	<input type="checkbox"/> Male <input type="checkbox"/> Female							
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7.	<input type="checkbox"/> Male <input type="checkbox"/> Female							
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Staff Name \_\_\_\_\_ Staff Unit \_\_\_\_\_ Date \_\_\_\_\_

NOTE: Applicants may choose to mail/deliver the completed form directly to the facility. All information provided shall remain confidential and will not be shared with inmates.