

Attention: Counselor \_\_\_\_\_

Requesting Inmate Name/Number: \_\_\_\_\_ Housing Unit: \_\_\_\_\_  
(Minor should be listed on current visiting list)

Minor's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: M  F

Relationship:  Son  Daughter  Grandson  Granddaughter  Niece  Nephew  Other \_\_\_\_\_

Minor's Parent/Guardian: \_\_\_\_\_

Address: Street City State Zip

The inmate named above has requested that (Minor's Name) \_\_\_\_\_  
Be approved as an authorized visitor and be permitted to visit him/her at the above facility.

Department of Corrections policy requires that the parent or legal guardian of a minor child (including a child of the inmate) submitted for Visiting List approval, be notified of such a request. The parent or legal guardian must indicate in writing that he/she approves of or objects to the minor visiting the inmate. The parent or legal guardian may also approve an adult to accompany the minor on such a visit(s).

Please indicate your decision by checking the appropriate box or boxes below:

- I **object** to having the above named minor on the inmate's Visiting List.
- I **approve** of having the above named minor on the inmate's Visiting List.
- I **approve** the adult listed below to accompany the minor on visit(s).

**Name of Parent, Legal Guardian, or other Adult**

**Relationship to the Above-Named Minor**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

**Please return this inquiry to the above address. If your reply is not received within two weeks, the inmate's request will be disapproved. The institution must receive this form no later than: \_\_\_\_\_**

\_\_\_\_\_  
Unit Manager or Counselor's Signature and Date form returned.

(One Minor per form)

SCI-- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Attention: Counselor \_\_\_\_\_

Requesting Inmate Name/Number: \_\_\_\_\_ Housing Unit: \_\_\_\_\_

**(Minor should be listed on current visiting list)**

Minor's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  M  F

**Relationship:**  Son  Daughter  Grandson  Granddaughter  Niece  Nephew  Other \_\_\_\_\_

Minor's Parent/Guardian: \_\_\_\_\_

Address: Street City State Zip

The above referenced inmate has requested that (Minor's Name) \_\_\_\_\_ be approved as an authorized visitor and be permitted to visit him/her at the above facility.

Department of Corrections policy requires that the parent or legal guardian of a minor child (including a child of the inmate) submitted for Visiting List approval, be notified of all charges that the inmate is, or was previously incarcerated for when those charges resulted from any physical or sexual abuse of a minor. The parent or legal guardian must indicate in writing that he/she is aware of the charges against the inmate and that he/she approves of or objects to the minor having a non-contact visit with the inmate, and indicate whether the minor was or was not a victim of the inmate. The parent or legal guardian may also approve an adult to accompany the minor on a visit(s).

The charges against the inmate are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate your decision by checking the appropriate boxes below:

- I, being made aware of the charges against this inmate, **object** to having the above named minor on the inmate's Visiting List.
- I, being made aware of the charges against this inmate, **approve** of having the above named minor on the inmate's Visiting List.
- I **approve** of having the minor's adult family member(s) (listed below) accompany the minor on visit(s).

**Name of Parent, Legal Guardian, or other Adult**

**Relationship to the Above-Named Minor**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The Minor **was** a victim of the inmate.

The Minor **was not** a victim of the inmate.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

**Please return this inquiry to the above address. If reply is not received within two weeks, the inmate's request will be disapproved. The institution must receive this form no later than:** \_\_\_\_\_

\_\_\_\_\_  
Unit Manager or Counselor's Signature and Date form returned.