

ARIZONA DEPARTMENT OF CORRECTIONS

Application to Visit an Inmate

(Check one)

- Phone Calls Only** (No fees)
 Phone and In Person (Fee applies)

Important: Mail the completed form directly to the Unit Visitation Office where the inmate is located. Envelope must clearly state: **Attention Visitation Officer.**

If including the \$25.00 Background Check Fee, the envelope must clearly state: **Attention Visitation Officer-Background Check Fee. Do not mail the application or fee directly to the inmate; we must receive it from you or it will be voided.**

Note: Must complete both sides of application. By completing and submitting this form you are attesting to the truthfulness and accuracy of the information.

The inmate named below has requested that you be added to his/her visiting list. If you want to visit this inmate, please complete the Visitor Information Section. If this application is for a child under the age of 18, you must also provide the name of a parent or other adult who will accompany the child, and who must sign this application form. **A SEPARATE APPLICATION MUST BE COMPLETED FOR EACH PROPOSED VISITOR (ADULT OR CHILD).**

It is important to complete both sides of this application and answer all related questions truthfully, failure to do so will result in automatic disapproval. All of the material will be considered confidential and the inmate will be notified whether the application is approved or disapproved. *It is recommended all visitors review DO 911, Inmate Visitation prior to completing application.

Inmate Name (Last, First M.I.)	ADC Number	Institution/Facility
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Visitor Information Section Adult - \$25.00 Money Order Included, Payable to Arizona Department of Corrections - Visitation
 Adult - Prior Background Check Fee paid on _____ Minor - Background Check Fee Waived Exempt - Per DO 911
Date

Visitor Name (Last, First M.I.)		Aliases or other names used (include maiden name if married)		
Minor's Parent or Legal Guardian Name (Last, First M.I.)		Minor's Parent or Legal Guardian Date of Birth		
Residential Address (Street)		City	State	Zip Code
Home Telephone Number ()		City	State	Zip Code
Mailing Address (If different than residential address)		I WILL accept phone calls from this inmate (collect or other) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date of Birth	Place of Birth	Driver's License Number or other Photo ID Number		
Weight	Height	Eye Color	Gender (M/F)	Ethnicity
Employer's Name		Employer's Telephone No. ()		Job Title
Employer's Address		City	State	Zip Code

What is your relationship with the inmate? (Check one)

<input type="checkbox"/> Husband	<input type="checkbox"/> Step-Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Uncle	<input type="checkbox"/> Other Relative
<input type="checkbox"/> Wife	<input type="checkbox"/> Step-Mother	<input type="checkbox"/> Sister	<input type="checkbox"/> Aunt	<input type="checkbox"/> Not Related
<input type="checkbox"/> Father	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Son	<input type="checkbox"/> Nephew	
<input type="checkbox"/> Mother	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Daughter	<input type="checkbox"/> Niece	

It is the policy of the Arizona Department of Corrections to comply in all respects with the requirements of the Americans With Disabilities Act and Section 504 of the Rehabilitation Act of 1973. Persons with a disability may request a reasonable accommodation such as a sign language interpreter, by contacting the Institution where the inmate is assigned. Requests should be made seven day in advance to allow time to arrange the accommodation.

This document available in alternate format by contacting the Arizona Department of Corrections Central Office Communications.

Visitor Information Section Cont'd

Responses to all questions are required, check either yes or no.

Are you the victim of the crime for which the inmate is currently incarcerated?
 Yes No

Are you on the visiting list of any other inmate in this or any other correctional institution (*Jail, detention center or prison*) in Arizona?
 Yes No Relationship to inmate _____
 If yes, other inmate's name _____ ADC Number _____

Are you, or have you ever been on probation in any state? (*Supervised or unsupervised?*)
 Yes No
 If yes, give the name(s) and location of the Court(s) _____ Dates: from _____ to _____

Are you, or have you ever been on parole in any state?
 Yes No
 If yes, give the name(s) and location of the Court(s) _____ Dates: from _____ to _____

Have you ever been confined to any correctional institution in any state? (*Jail, detention center or prison?*)
 Yes No
 If yes, give name and location of facility(s) _____ Number _____ Dates: from _____ to _____

Have you ever been suspended from visiting an inmate in any state? (*Jail, detention center or prison?*)
 Yes No
 If yes, name of institution _____ Inmate Name _____ Inmate Number _____

Are you related to any other inmate in any correctional institution in Arizona? (*If more than one, list all others on a separate piece of paper.*)
 Yes No
 If yes, inmate name _____ Inmate Number _____
 Institution _____ Relationship to inmate _____

Have you ever been employed by or volunteered for the Arizona Department of Corrections?
 Yes No
 If yes, when? _____ Where ? _____ Position _____

I hereby attest that the answers to all of the questions are true and correct. I agree to abide by all visitation rules of the Arizona Department of Corrections. I understand that a one-time Background Check Fee of \$25.00 will be assessed regardless of approval/denial for all adult visitors. This application will not be processed until the \$25.00 Background Check Fee, if required, is received.

Applicant or Minor's Parent or Legal Guardian Signature	Date
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DO NOT WRITE BELOW THIS LINE

<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;"></td> <td style="width:35%; text-align: center;">Date Run</td> <td style="width:35%; text-align: center;">Initials</td> </tr> <tr> <td>NCIC</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>ACIC</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>CCH</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td colspan="3">Criminal History Practitioner _____</td> </tr> </table>		Date Run	Initials	NCIC	_____	_____	ACIC	_____	_____	CCH	_____	_____	Criminal History Practitioner _____			Fee Collected: Electronically: _____ Mailed: _____
	Date Run	Initials														
NCIC	_____	_____														
ACIC	_____	_____														
CCH	_____	_____														
Criminal History Practitioner _____																
Warden or Designee Signature <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Date															