

**Colorado Department of Corrections  
Offender Request for Special Visit**

Offender Name \_\_\_\_\_ DOC # \_\_\_\_\_ LU # \_\_\_\_\_

Date of Special Visit Requested \_\_\_\_\_

I request a **Special Visit** with the person(s) herein. I understand that if approved, this visit applies to the date(s) and time(s) shown below. All adult visitors must attach a legible copy of Driver's License or State I.D. to the application and have a visiting application on file or attach a completed application to this request. All minors must have a birth certificate on file prior to the visit. Minors must also have an Attachment J (300-1G) form for each family member, other than their parent(s), who is bringing them in. Further, I understand that it is my responsibility to inform my visitor(s) of the date(s) and time(s) that they have been approved for a **Special Visit**, and that if my visitor(s) arrive at this facility prior to complete approval, they will be refused entry. I understand that when I submit this request for **Special Visit**, that I provide at least 10 calendar days for this request to be processed and approved\*\* I understand that failure to complete all required areas of this form may result in denial of the special visit. My reason(s) for this request are as follows:

**VISITORS**

1. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address, City, State, Zip \_\_\_\_\_ Phone number \_\_\_\_\_

Driver's License/ID # \_\_\_\_\_ Social Security # \_\_\_\_\_

2. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address, City, State, Zip \_\_\_\_\_

Driver's License/ID # \_\_\_\_\_ Social Security # \_\_\_\_\_

Parent/Authorized Family Member (if Minor) \_\_\_\_\_

Birth Certificate/ Attachment G: In Visiting File \_\_\_\_\_ or Enclosed: \_\_\_\_\_

3. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address, City, State, Zip \_\_\_\_\_

Driver's License/ID # \_\_\_\_\_ Social Security # \_\_\_\_\_

Parent/Authorized Family Member (if Minor) \_\_\_\_\_

Birth Certificate/ Attachment G: In Visiting File \_\_\_\_\_ or Enclosed: \_\_\_\_\_

4. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address, City, State, Zip \_\_\_\_\_

Driver's License/ID # \_\_\_\_\_ Social Security # \_\_\_\_\_

Parent/Authorized Family Member (if Minor) \_\_\_\_\_

Birth Certificate/ Attachment G: In Visiting File \_\_\_\_\_ or Enclosed: \_\_\_\_\_

**CASE MANAGER REVIEW**

Date CM Received Request:	Approve: Yes No
Case Manager:	Date:
Comments:	

**VISITING STAFF REVIEW**

Visiting Employees:	Date:
Comments:	

**MANAGER REVIEW**

Manager:	Date:	
Approve:	Deny:	Comments: