

## INDIANA DEPARTMENT OF CORRECTION

Application for Visiting Privileges

State Form 14387 (R2/7-08)

INSTRUCTIONS – 1. **Please Print** 2. All spaces must be completed 3. Sign the application 4. Return application to the offender's counselor as indicated at the bottom of this document 5. Do not attempt to visit until the offender notifies you that your application was approved 6. Submit legible copy of photo ID (16 & older) 7. Children 15 & under must submit a legible copy of their birth certificate. 8. A separate application must be submitted for each applicant, including children.

	Offender Name:				DOC Number				
Information									
The above named offender has requested that you be added to his/her list of approved visitors. In order for this to be done, you must follow the directions above and YOU (or parent/guardian) must properly complete this application and return it to the facility to the attention of the counselor of the offender's housing unit (do not return it to the offender). If you are approved to visit, it will be the offender's responsibility to notify you and then send to you a copy of the rules for visitation. We DO NOT give out this information by telephone.									
Applicant's Name: Last, First, Middle			Current Address (Must match ID Used)						
Driver's Licens	e Number & State of Issue	State ID No. & State of Issue or other approved ID No./Type Race							
#: State:		#: State: Type:							
Date of Birth (MM/DD/YYYY):			Telephone Number with area code:						
Are you related to this offender? $\square$ Yes $\square$ No   If related, how (must be immediate family)?									
Immediate family limited to mother, father, siblings, spouse, children, grandparents, grandchildren, including those with "step", "half", or adoptive									
relationships, aunt, uncle and those persons with the same relationship to the offender's spouse. Immediate family and 2 friends, up to a maximum of									
12 persons will be allowed on the offender's contact list.									
Applicant under 18 years of age? ☐ Yes ☐ No  *Have you ever been convicted of a felony? ☐ Yes ☐ No									
*Are you on parole/probation? ☐ Yes ☐ No									
*Have you ever been incarcerated in a penal facility in any state or any country?   Yes   No If yes, list where and why here.									
Where: Why: (Attach additional sheet if necessary)									
If the response to any question above marked (*) is "yes", you must submit a special request for visitation privileges to the Superintendent of the									
appropriate facility. If you are on parole/probation, you must also submit written approval from your Parole/Probation Officer.									
Are you currently or formerly an employee of the Indiana Department of Correction or any Correctional facility in any state? $\square$ Yes $\square$ No If "yes",									
	cation and the last date of employmen			,	, ,	•			
Location: Last Date Employment:									
Are you on any other offender's visiting list? Are you now or have you ever been a volunteer at an IN correctional facility? $\square$ Yes $\square$									
☐ Yes ☐ No If 'yes": Relationship: No If "y									
Offender DOC#:			Facility:						
Name:	ATION OF INFORMATION ON TH		olunteer Type:		N DDIVII ECEC WILL DECLI T I	IN IMMEDIATE			
ANY FALSIFICATION OF INFORMATION ON THIS APPLICATION FOR VISITATION PRIVILEGES WILL RESULT IN IMMEDIATE SUSPENSION OF VISITATION PRIVILEGES AT ALL INDIANA DEPARTMENT OF CORRECTION FACILITIES.									
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