

West Virginia Division of Corrections APPLICATION TO VISIT

Information and Instructions

1. The following information and instructions are subject to change. Please refer any questions to the Chief of Security.
2. Fill out the form truthfully and completely. All information is subject to verification. Incomplete information will result in delays in processing.
3. All applications to visit inmates shall be subject to a background check and review by the Chief of Security prior to being permitted to visit an inmate. This includes an NCIC check prior to initial approval and an updated NCIC check every three years or as otherwise directed by the Chief of Security. **Providing false information on the application shall be cause for denial.**
4. It is your responsibility to return this application to the address listed on the Application to Visit.
5. Immediate Family: shall be defined as father, mother, sister, brother, spouse, children, grandchildren or grandparents. These shall be interpreted to include "step" relations and legal guardianships.
6. Eligibility criteria:
 - a. Applicants must be able to substantiate a relationship with the inmate that pre-dates incarceration.
 - b. Applicants can only be approved as a visitor on one inmate's visiting list at a time, except in those cases they can verify they are an immediate family member of more than one inmate.
 - c. Ex-inmates and other convicted felons shall not be approved as visitors unless they are:
 - i. the immediate family member of the inmate they are applying to visit;
 - ii. not a crime victim of said inmate;
 - iii. arrest and incarceration free for at least two years.
 - d. Any person with a pending criminal charge, warrant or detainer shall not be eligible.
 - e. Any person who has a criminal conviction or pending charge for any felony or misdemeanor that was committed on the grounds of, or in relation to the operation of, any correctional institution, jail or detention center shall not be eligible to visit an inmate.
 - f. Employees and ex-employees, volunteers and ex-volunteers are not permitted to visit with inmates with the exception of immediate family members. However, separate criteria shall be used to screen and approve program volunteers and crime victims in support of rehabilitative programming and restorative justice reentry activities.
 - g. Minor children shall only be permitted to visit when in the company of a parent, other adult member of the immediate family or legal guardian; other adult members of the immediate family must present a notarized statement from the parent or legal guardian verifying that they have issued permission for the minor child to be in that adult's company on institution grounds for the purpose of visiting the inmate.
 - h. If a visitor is removed, whether voluntarily or involuntarily, from an inmate's approved visitor list he or she must wait one year before being eligible to apply for approval to visit another inmate. If the visitor is removed at the request of the inmate it shall be the inmate's responsibility to notify the person of the removal from the approved visiting list.
7. The inmate will be notified of the result of this request. It shall be the inmate's responsibility to notify you.

Thank you for your cooperation.

West Virginia Division of Corrections
APPLICATION TO VISIT
Return to:

Please fill out the form truthfully and completely. All information is subject to verification. Incomplete information will result in delays in processing. Providing false information on the application shall be cause for denial.

INMATE NAME: _____ DOC NUMBER _____

VISITOR'S FULL NAME: _____ DATE: _____
(First) (Middle) (Last)

MAILING ADDRESS: _____
Street City State Zip Code

PHYSICAL ADDRESS IF DIFFERENT FROM MAILING ADDRESS: _____

TELEPHONE NUMBER: _____ - _____
(Area Code)

DATE OF BIRTH: (Month/Day/Year) _____ - _____ - _____ RACE: _____ SEX: _____

PLACE OF BIRTH: _____ SOCIAL SECURITY NO.: _____ - _____ - _____

MAIDEN NAME (If Applicable): _____

EYE COLOR: _____ HAIR COLOR: _____ WEIGHT: _____ HEIGHT: _____

RELATIONSHIP TO INMATE (IF NOT IMMEDIATE FAMILY, DESCRIBE WHEN, WHERE AND HOW YOU MET THIS INMATE):

ARE YOU RELATED TO ANY OTHER INMATE (S) AT ANY CORRECTIONAL FACILITY
YES _____ NO _____ IF YES, LIST:

INMATE'S NAME _____ DOC NO.: _____

INMATE'S NAME _____ DOC NO.: _____

ARE YOU VISITING ANY OTHER INMATE (S) AT ANY OTHER CORRECTIONAL FACILITY AT
THE PRESENT TIME? _____ YES _____ NO IF YES, LIST:

INMATE'S NAME: _____ DOC NO.: _____

INMATE'S NAME: _____ DOC NO.: _____

INMATE'S NAME: _____ DOC NO.: _____

HAVE YOU EVER VISITED WITH ANY INMATE(S) AT ANY CORRECTIONAL FACILITY? _____ YES
_____ NO IF YES, LIST:

INMATE'S NAME: _____ DOC NO.: _____

INMATE'S NAME: _____ DOC NO.: _____

INMATE'S NAME: _____ DOC NO.: _____

DO YOU HAVE ANY PENDING CRIMINAL CHARGE, WARRANT OR DETAINER OR ARE YOU CURRENTLY UNDER INDICTMENT FOR A CRIME? _____ YES _____ NO
IF YES PLEASE EXPLAIN THE CIRCUMSTANCES:

HAVE YOU EVER BEEN CONVICTED OF A CRIME (EXCLUDING MINOR TRAFFIC OFFENSES)?
_____ YES _____ NO

IF YES, PLEASE LIST THE CRIME(S), DATE OF CONVICTION, AND SENTENCE. IF INCARCERATED, LIST THE FACILITY OR FACILITIES YOUR WERE COMMITTED TO, AND RELEASED FROM.

WERE YOU OR ANY CHILDREN UNDER THE AGE OF 18 YEARS OF AGE A VICTIM OF THIS INMATE'S CRIME? _____ YES _____ NO

IF YES PLEASE STATE THE CIRCUMSTANCES:

ARE YOU NOW ON PROBATION/PAROLE? _____ YES _____ NO. IF YES, STATE WHY YOU ARE ON PROBATION/PAROLE; WHEN YOU WILL DISCHARGE FROM PROBATION/PAROLE AND THE NAME AND TELEPHONE NUMBER OF YOUR PROBATION/PAROLE OFFICER:

ARE YOU OR HAVE YOU EVER PARTICIPATED IN ANY PROGRAM AS A VOLUNTEER AT ANY WVDOC CORRECTIONAL FACILITY? _____ YES _____ NO. IF YES LIST THE FACILITIES AND PROGRAMS YOU ARE/WERE PARTICIPATING IN:

CHILDREN UNDER THE AGE OF 18: YOU MAY ONLY APPLY FOR CHILDREN IF YOU ARE ABLE TO PROVIDE PROOF THAT YOU ARE THEIR PARENT OR LEGAL GUARDIAN. THE PARENT/LEGAL GUARDIAN OF THE CHILD MUST BE ON THE INMATE'S APPROVED VISITING LIST BEFORE ANYONE ELSE MAY BRING IN A CHILD. IF ANYONE OTHER THAN THE PARENT/LEGAL GUARDIAN WISHES TO BRING A CHILD INTO THE COMPLEX, THEY MUST HAVE A NOTARIZED PERMISSION SLIP FROM THE PARENT/LEGAL GUARDIAN.

| NAME | BIRTHDAY | AGE | RELATIONSHIP TO VISITOR: | RELATIONSHIP TO INMATE: |
|-------------|-----------------|------------|---------------------------------|--------------------------------|
|-------------|-----------------|------------|---------------------------------|--------------------------------|

Certification and Release: I hereby affirm that all answers to the above questions are true and correct. I hereby request and authorize the West Virginia Division of Corrections or its agent(s) to conduct a background check as part of this visitor application process and authorize all persons and entities to release information requested by it or them to it or them.

(SIGNATURE)

(DATE)