South Dakota Department of Corrections	Attachment #1: Visit List Verification
	Please refer to DOC policy 300-23
Distribution: Public	Offender Visiting

VISIT LIST VERIFICATION (to be completed by the offender or applicant) Offender Name: Cell#: Offender #: Facility / Unit: The following persons may be eligible to be placed on an offender's visit list. Class I and Class II visitors are subject to a criminal history background check. Spouse Sister Half-brother Mother-in-law Son-in-law Legal Guardian Child Step-brother Grandchild Father-in-law Daughter-in-law Friend (Max of 4) Media Represent ative Parent Step-sister Grandparent Sister-in-law Attorney of Record Clergy Half-sister Brother-in-law M-2/W-2 Sponsors Brother Great Grandparent Complete information is required. Aliases or nicknames will not be accepted. P.O. boxes are not accepted for a "physical address". Social Security numbers must be provided for all visitors aged 18 or older for the purpose of conducting a criminal background check. Applications containing incomplete information will not be considered. Please print clearly. **A DL is not required to conduct a BG check. Full Name Relationship Date Soc. **Drv. Lic # & Physical Address Telephone Approved & Gender to Offender of Birth Security # State of Issue (city, county, state & zip code Number or Denied NOTE: Applicants may choose to mail/deliver the completed form directly to the facility. All information provided shall remain confidential and will not be shared with offenders. **Relationship to Offender Date of Birth Full Name** Gender 1 DL # & State of Issue Telephone # Physical Address Soc. Sec. # Approved Denied **Full Name** Gender Relationship to Offender **Date of Birth** 2 DL # & State of Issue Telephone # Physical Address Soc. Sec. # Denied Approved **Full Name** Gender Relationship to Offender Date of Birth 3 DL # & State of Issue Telephone # Physical Address Soc. Sec. # Approved Denied

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Relationship to Offender

Date of Birth

Gender

Effective: 09/01/2024

Full Name

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DL # & State of Issue	Telephone #	Physical Address		Soc. Sec. #
Approved Denied				
Full Name	Gender	Relationship to Offender	r	Date of Birth
DL # & State of Issue	Telephone #	Physical Address		Soc. Sec. #
Approved Denied				
Full Name	Gender	Relationship to Offender		Date of Birth
DL # & State of Issue	Telephone #	Physical Address		Soc. Sec. #
Approved Denied				
Staff Name	Staff	Unit	Date:	

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