# Visit List Verification

(to be completed by the inmate or applicant)

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| Inmate Name: |       | Inmate #:  |       | Unit: |       | Cell #: |       |
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|  | The following persons may be eligible to be placed on an inmate’s visit list. Class I and Class II visitors are subject to a criminal history background check.  |
| Spouse | Sister | Half-brother | Aunt or Uncle | Son-in-law | Legal Guardian | AA/NA Sponsor |  |
| Child | Step-brother | Grandchild | Great Grandparent | Daughter-in-law | Friend (Max of 4)  | Media Representative |  |
| Parent | Step-sister | Grandparent | Mother-in-law | Sister-in-law  | Attorney of Record | Clergy |  |
| Brother | Half-sister |  | Father-in-law | Brother-in-law  | M-2/W-2 Sponsors |  |  |
|  | 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 age 18 or older for the purpose of conducting a criminal background check. Applications containing incomplete information will not be considered. **Please print clearly**. |
|  | Full Name& Gender | Relationship to Inmate | Dateof Birth | Soc. Security # | Drv. Lic # &State of Issue | Physical Address(city, county, state & zip code | TelephoneNumber | Approved or Denied |
|  |  |
| 1. |       |       |       |       |       |       |       |       |
|  |       |       |       |       |       |       |       |       |
|  | [ ] Male [ ] Female  |       |       |       |       |       |       |       |
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| 2. |       |       |       |       |       |       |       |       |
|  |       |       |       |       |       |       |       |       |
|  | [ ] Male [ ] Female |       |       |       |       |       |       |       |
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| 3. |       |       |       |       |       |       |       |       |
|  |       |       |       |       |       |       |       |       |
|  | [ ] Male [ ] Female |       |       |       |       |       |       |       |
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| 4. |       |       |       |       |       |       |       |       |
|  |       |       |       |       |       |       |       |       |
|  | [ ] Male [ ] Female |       |       |       |       |       |       |       |
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| 5. |       |       |       |       |       |       |       |       |
|  |       |       |       |       |       |       |       |       |
|  | [ ] Male [ ] Female |       |       |       |       |       |       |       |
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| 6. |       |       |       |       |       |       |       |       |
|  |       |       |       |       |       |       |       |       |
|  | [ ] Male [ ] Female |       |       |       |       |       |       |       |
|  |  |  |
| Staff Name |       | Staff Unit |        | Date: |       |
|  |  |
|  | 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 inmates. |