# Visit List Verification

(to be completed by the inmate or applicant)

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| Inmate Name: | | | | |  | | | | | Inmate #: | | | |  | | | Unit: | | |  | | | Cell #: | |  | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | 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 | | | | | Telephone  Number | | | Approved  or Denied |
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| 1. |  | | | | |  | |  | | |  | | | | |  | | |  | | | | |  | | |  |
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|  | Male Female | | | | |  | |  | | |  | | | | |  | | |  | | | | |  | | |  |
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| 2. |  | | | | |  | |  | | |  | | | | |  | | |  | | | | |  | | |  |
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|  | Male Female | | | | |  | |  | | |  | | | | |  | | |  | | | | |  | | |  |
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| 3. |  | | | | |  | |  | | |  | | | | |  | | |  | | | | |  | | |  |
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|  | Male Female | | | | |  | |  | | |  | | | | |  | | |  | | | | |  | | |  |
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| 4. |  | | | | |  | |  | | |  | | | | |  | | |  | | | | |  | | |  |
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|  | Male Female | | | | |  | |  | | |  | | | | |  | | |  | | | | |  | | |  |
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| 5. |  | | | | |  | |  | | |  | | | | |  | | |  | | | | |  | | |  |
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|  | Male Female | | | | |  | |  | | |  | | | | |  | | |  | | | | |  | | |  |
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| 6. |  | | | | |  | |  | | |  | | | | |  | | |  | | | | |  | | |  |
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|  | Male Female | | | | |  | |  | | |  | | | | |  | | |  | | | | |  | | |  |
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| 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. | | | | | | | | | | | | | | | | | | | | | | | | |