

VISIT LIST VERIFICATION
(to be completed by the offender or applicant)

Offender Name: _____ Offender #: _____ Facility / Unit: _____ Cell #: _____

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	Media Representative	
Parent	Step-sister	Grandparent	Niece	Sister-in-law	Attorney of Record	Clergy	
Brother	Half-sister	Great Grandparent	Nephew	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 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 & Gender	Relationship to Offender	Date of Birth	Soc. Security #	**Drv. Lic # & State of Issue	Physical Address (city, county, state & zip code)	Telephone Number	Approved 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.

1	Full Name	Gender	Relationship to Offender	Date of Birth
	DL # & State of Issue	Telephone #	Physical Address	Soc. Sec. #
_____ Approved _____ Denied				

2	Full Name	Gender	Relationship to Offender	Date of Birth
	DL # & State of Issue	Telephone #	Physical Address	Soc. Sec. #
_____ Approved _____ Denied				

3	Full Name	Gender	Relationship to Offender	Date of Birth
	DL # & State of Issue	Telephone #	Physical Address	Soc. Sec. #
_____ Approved _____ Denied				

4	Full Name	Gender	Relationship to Offender	Date of Birth
	DL # & State of Issue	Telephone #	Physical Address	Soc. Sec. #
<input type="checkbox"/> Approved <input type="checkbox"/> Denied				

5	Full Name	Gender	Relationship to Offender	Date of Birth
	DL # & State of Issue	Telephone #	Physical Address	Soc. Sec. #
<input type="checkbox"/> Approved <input type="checkbox"/> Denied				

6	Full Name	Gender	Relationship to Offender	Date of Birth
	DL # & State of Issue	Telephone #	Physical Address	Soc. Sec. #
<input type="checkbox"/> Approved <input type="checkbox"/> Denied				

Staff Name		Staff Unit		Date:	
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