

ILLINOIS DEPARTMENT OF CORRECTIONS
Prospective Visitor's Interview

Facility _____

Date Form Completed _____

E-mail address to send to facility: (select a facility to view) _____

Form may also be printed and mailed to facility.

Visitor must complete all blanks up to the box labeled "For Official Use Only".

Offender Visiting: Name: _____ ID #: _____

Visitor Information: Last Name: _____ First: _____ Middle: _____

Other names used (include maiden name): _____

Current Home Address: _____
(Street and Apartment #) (City) (State) (Zip Code)

Last 4 of Visitor's SSN: _____ Phone Number: _____ E-Mail: _____

Place of Employment: _____ Date of birth: _____ Male Female

Height: ___ ft. ___ in. Weight: ___ lbs Hair color: _____ Eye color: _____ Race: _____

ADA Assistive Device Requested

Relationship to offender: _____ Date to begin visits: _____

Photo ID: Driver's License # or State ID #: _____ State of issue: _____

Other (specify): _____

1. Are you on any other offender's approved visiting list? No Yes If yes, provide each offender's name, number and facility: _____
2. Have your visits to an Illinois Department of Corrections facility ever been restricted or denied? No Yes If yes, where and when? _____
3. Have you ever been convicted of a felony? No Yes If yes, what offense/sentence? _____
4. Have you ever been incarcerated? No Yes ID #: _____ Name of facility and State: _____
5. Are you currently on parole or probation? No Yes If yes, Parole Officer's name and office address: _____
6. Are you, or have you ever been, an employee, contractual employee or approved volunteer of the Department of Corrections? No Yes If yes, at which facility? _____
7. Do you or any visiting children currently have an order of protection against the offender you are planning to visit? No Yes

I understand that, in accordance with 20 IAC 525: Subpart A, I must be on the offender's visiting list and be approved by the Chief Administrative Officer in order to visit; visits may be limited to non-contact visits; visits may be temporarily or permanently suspended due to inappropriate behavior including violation of law, rules or orders; and I am not permitted to exchange any item with the offender during a visit without prior approval of the Chief Administrative Officer.

I certify that the information contained herein is complete and accurate. I further understand that providing false information or any violation of the visiting policy will result in the revocation of my visiting privileges.

Signature of Prospective Visitor _____

Date _____

For Official Use Only

Comments: _____

Reviewed by: _____ Date: _____
Name and Title