

**DEPARTMENT OF CORRECTIONS  
VISITING INFORMATION FORM**

The inmate below has requested to add your name to his/her approved visiting list. Please complete this form and return it to the address below. Please be reminded that falsification of any of the information may result in denial of visiting privileges.

**Inmate Information:**

Name \_\_\_\_\_ Number \_\_\_\_\_

Institution \_\_\_\_\_

Inmate Signature \_\_\_\_\_ Date \_\_\_\_\_

**Visitor Information:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security No. \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_ Race \_\_\_\_\_

Relationship to inmate \_\_\_\_\_

Are you an:		If yes, date of release
Ex-offender	Yes/No	_____
Parolee or Probationer	Yes/No	_____
Former Dept. of Corrections Employee	Yes/No	_____

Have you been denied previously for video visitation? Yes/No

Visitor Signature \_\_\_\_\_ Date \_\_\_\_\_

Return to: \_\_\_\_\_  
\_\_\_\_\_

**Or phone this information to:** \_\_\_\_\_

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**To be filled in by CTO**

On PSI \_\_\_\_\_ Not On PSI \_\_\_\_\_

Comments: \_\_\_\_\_

CTO Signature \_\_\_\_\_ Date \_\_\_\_\_