

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES
VISITATION REQUEST FORM

I, _____
INMATE'S NAME _____ NUMBER _____ LIVING LOCATION _____

Request to have the following person placed on my approved visiting list

PLEASE NOTE: Persons 19 years of age and above - (1) must complete and submit an individual Visitation Request Form (VRF) to the Warden; (2) may visit without parent or guardian.

Persons who are 18 years of age or younger - (1) must each have a completed VRF submitted to the Warden; (2) must be accompanied on visit by parent, legal guardian or court appointed agent or other authorized adult (age 19 or above); (3) must submit notarized permission letter from parent, guardian or court appointed agent to visit in company with another authorized adult; (4) parent, legal guardian, court appointed agent or another authorized adult who accompanies said minor must also be on the inmate's approved visiting list. Minors must have birth certificate to present to pass clerk during first visit.

THIS SECTION IS TO BE COMPLETED BY THE VISITOR AND NOT BY THE INMATE.

Please Print Clearly or Type All Information Requested.

PLEASE NOTE: Failure to complete all information that is requested may result in a denial to visit.

1) Full Legal Name _____ **ADULT/MINOR(Circle One)**
Last First Middle

Alias Name _____ Relationship to above named Inmate _____ (mother, father, friend, etc)

2) Date of Birth _____ 3) Gender M / F 4) Race _____ 5) Marital Status _____

PLEASE NOTE: Social Security Number is mandatory and one form of ID is mandatory - (the acceptable forms of ID are 7-10)

6) *Social Security No. _____ 7) Driver's License No. _____ State: _____

8) State ID: _____ State of ID: _____ 9) Passport ID: _____ Country _____

10) Military ID: _____

11) Present Address _____
Street/P.O. Box/Rural Route City

County _____ State _____ Zip Code _____ 12) Telephone Number _____

13) Are you now or have you ever been employed by the Nebraska Department of Correctional Services? Yes / No

If "yes," please specify the dates and program/facility assignment.

14) Are you presently on the approved list of another inmate in Nebraska? Yes / No If "yes" please complete the following:

Inmate's Name _____ Number _____ Institution _____

Your Relationship to the Inmate _____ (brother, sister, daughter, spouse, etc.)

15) Have you ever been convicted of a felony or misdemeanor or do you currently have charges pending? Yes / No

If "yes," please complete the following for all convictions or pending charges. Use back of form if necessary.

Nature of Offense/Charges	Date/Year Convicted and/or Charged
City and State Where Occurred	Disposition (Jail, Fine, Probation, Etc.)

I CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I understand that falsification of this information may result in the denial of visitation privileges.

NOTE: It is the responsibility of the inmate to notify you concerning the disposition of your request.

(VISITOR'S SIGNATURE)

* The disclosure of a social security number is mandatory for those persons who wish to be placed on an inmate's visiting list. This disclosure is requested by the chief executive officer of this facility to enable him/her to exercise the discretion granted by Neb. Rev. Stat. /83-188 (1981). Your social security number will be used solely for the purpose of running an NCIC (National Crime Information Center) computer check to verify your identity and to ensure the accuracy of the information you have disclosed on this form.

PROGRAM USE ONLY
UNIT CASE MANAGER/UNIT MANAGER'S RECOMMENDATION

Approve / Disapprove DATE _____ INITIALS _____

If Disapprove, reason _____

ADMINISTRATOR'S DECISION

Approved / Denied DATE _____

Signature _____

DO NOT REMOVE - FOR PROGRAM OFFICE USE ONLY

Inmate's Name _____ Number _____ Living Location _____
VISITOR'S: _____
Last Name _____ First Name _____ Middle Name _____

has been Approved / Denied to visit with you. It is the inmate's responsibility to notify the proposed visitor of the disposition of this form.

REASON DENIED _____ Date: _____ Signature: _____

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

SPECIAL/EXTENDED/EMERGENCY VISIT REQUEST

(CIRCLE ONE)

SECTION 1: (TO BE COMPLETED BY INMATE)

INMATE NAME _____ DATE OF REQUEST _____

NUMBER _____ HOUSING LOCATION _____

DATE REQUESTED FOR VISIT: _____

NAME OF PERSON(S) WHO WANT TO VISIT:

Attachment #2 of 7
OM 205.2.3.1
'Visiting at the Diagnostic and
Evaluation Center'

1) _____ RELATIONSHIP: _____

2) _____ RELATIONSHIP: _____

3) _____ RELATIONSHIP: _____

4) _____ RELATIONSHIP: _____

MINOR(S) NAMES/AGES: _____

CITY _____ STATE _____

REASON VISIT IS NEEDED: _____

SECTION 2: (OFFICE USE)

ON INMATE'S VISITING LIST: YES _____ NO _____

ON ANOTHER INMATE'S VISITING LIST: YES _____ NO _____

DATE OF LAST SPECIAL/EXTENDED/EMERGENCY VISIT: _____

APPROVED / DENIED

OF SESSIONS

APPROVED / DENIED

CASE MANAGER/UNIT CASE MGT.

CASE MGT. SUPERVISOR/UNIT ADM.

IF DENIED, REASON _____

MUST SHOW OUT OF STATE IDENTIFICATION: YES _____ NO _____

MUST SHOW PROOF OF MARRIAGE (MARRIAGE CERTIFICATE): YES _____ NO _____

DID VISIT OCCUR?: YES _____ NO _____ DATE _____