

NEW MEXICO CORRECTIONS DEPARTMENT
VISITOR APPLICATION FOR VISITING PRIVILEGES

Read carefully. Please type or print with black ink. All questions must be answered. Any omissions or falsifications will be considered sufficient reason for denial of all privileges.

Facility: _____

1. Name of inmate you wish to visit: _____ NMCD #: _____

2. Visitor Name: _____
Last First Middle

3. Social Security #: _____ (Sex): Male: _____ Female: _____

4. Date of Birth: ____/____/____ Age: _____ Place of Birth: _____
Mo. Day Yr. City State

5. Mailing Address: _____
P.O. Box/Street City State Zip Code

6. Phone Number: (____) ____ - _____ Maiden Name: _____

7. Relationship to inmate: _____ I have known this inmate for: _____
(Length of time)

8. Marital Status: () Married () Single () Widow () Divorced

9. I am currently on the visiting list for the following inmate(s): (This will not disqualify your visiting)

Inmate Name	NMCD #	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. I have / have not (circle one) been employed by the NMCD or any Department contractors (i.e. Food Service, Medical, etc.) If so where: _____ When: _____

11. Have you ever been charged with or arrested for a felony/misdemeanor and/or convicted of a felony/misdemeanor?
() Yes () No

If so where: _____ Offense(s): _____

When: _____ Final Disposition: (Circle one) Dismissal Probation Parole Incarceration

12. I am now on probation/parole (circle one if applicable). If you are currently on probation you must have approval of your Probation or Parole Officer and present a travel permit signed by your Probation or Parole Officer in order to visit any NMCD Facility.

Probation/Parole Officer Signature: _____ Date: _____

13. I am currently employed / unemployed / retired / disabled (circle one). If employed, please list employer below.

Occupation/Business: _____

Address of Employer/Business: _____

14. **READ CAREFULLY!** If you are under 18 years of age, you must have the signature of your parent or guardian sign on the signature line. If over 18, please sign as applicant.

Signature of Parent or Guardian: _____ Date: _____

Signature of Applicant: _____ Date: _____