

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	Aunt or Uncle	Son-in-law	Legal Guardian	AA/NA Sponsor	
Child	Step-brother	Grandchild	Great Grandparent	Daughter-in-law	Friend (Max of 4)	Media Representative	
Parent	Step-sister	Grandparent	Mother-in-law	Sister-in-law	Attorney of Record	Clergy	
Brother	Half-sister		Father-in-law	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.**

	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
1.	<input type="checkbox"/> Male <input type="checkbox"/> Female							
2.	<input type="checkbox"/> Male <input type="checkbox"/> Female							
3.	<input type="checkbox"/> Male <input type="checkbox"/> Female							
4.	<input type="checkbox"/> Male <input type="checkbox"/> Female							
5.	<input type="checkbox"/> Male <input type="checkbox"/> Female							
6.	<input type="checkbox"/> Male <input type="checkbox"/> Female							

Staff Name _____ Staff Unit _____ Date: _____

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.