Video Visiting List

Offender Name: _____ Number: _____

Facility: _____ Contact Phone/ext. _____

Use one line for each visitor. Couples and children must be listed separately. Full names, complete addresses and relationships are required. All information must be complete to allow processing of video visiting request. Only 5 persons, including children, will be permitted to visit at one time.

Visitor Name	Address	Relationship	Birth Date	Phone Number
Main Contact Name				

Visitor Center	Location	
☐ AFOI Richmond	Assisting Families of Inmates, Inc. 1 North 5th Street, Richmond VA 23219 Tel: 804-643-2401	
☐ New Jubilee Richmond	New Jubilee Education and Family Life Center 1708 Byron Street, Richmond, VA 23222 Tel: 804-329-5169	
☐ New Jubilee Norfolk	Norfolk United Methodist Church 1520 Halstead Ave., Norfolk, VA 23502 Tel: 757-628-6543	Mail to: New Jubilee Education and Family Life Center 1708 Byron Street, Richmond, VA 23222
☐ New Jubilee Alexandria	Shiloh Baptist Church 1429 Duke Street, Alexandria, VA 22314 Tel: 703-683-4573 x217	Mail to: New Jubilee Education and Family Life Center 1708 Byron Street, Richmond, VA 23222

Fees: $15 for 30 minute Visit; $30 for 60 minute Visit

Facility Approval:

☐ _____

Name Printed Signature Date

Visitor Center Approval:

☐ _____

Name Printed Signature Date

Visitor must mail *Video Visiting List,* signed *Video Visitation Rules,* and *Fee* to the Appropriate Visitor Center.