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 1 North Fifth Street, Richmond VA 23219 Tel: 804-643-2401	
☐ AFOI Alexandria (Saturday)	Old Presbyterian Meeting House Alexandria	Mail to: Assisting Families of Inmates 1 North Fifth Street, Richmond VA 23219
☐ AFOI Alexandria (Sunday)	Alexandria SDA Church	
☐ AFOI Culpeper (Sunday)	Culpeper SDA Church	
☐ AFOI Norfolk	First Presbyterian Church Norfolk	
☐ AFOI Petersburg	St. Paul's Baptist Church, Elm Street Campus	
☐ AFOI Roanoke	Second Presbyterian Church Roanoke	

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.