



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
<input type="checkbox"/> AFOI Richmond	Assisting Families of Inmates 1 North Fifth Street, Richmond VA 23219 Tel: 804-643-2401
<input type="checkbox"/> AFOI Alexandria (Saturday)	Old Presbyterian Meeting House Alexandria
<input type="checkbox"/> AFOI Alexandria (Sunday)	Alexandria SDA Church
<input type="checkbox"/> AFOI Fredericksburg (Sunday)	Fredericksburg SDA Church
<input type="checkbox"/> AFOI Norfolk	First Presbyterian Church Norfolk
<input type="checkbox"/> AFOI Petersburg	St. Paul's Baptist Church, Elm Street Campus
<input type="checkbox"/> AFOI Roanoke	Second Presbyterian Church Roanoke

Mail to:
Assisting Families of Inmates
1 North Fifth Street, Richmond
VA 23219

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

BELOW FOR AFOI USE ONLY

Central Visitation Unit approval received by Assisting Families of Inmates:

Email Fax Mail Other: _____ Date Received: _____

Assisting Families of Inmates/ Visitor Center Approval _____
Name Signature Date