

VIRGINIA DEPARTMENT OF CORRECTIONS

Video '	Visiting	List
---------	----------	------

Inmate Name:	DOC Number:						
Institution:	Contact Phone/ext.						
information must	lude each individual in a be complete to allow for onship to the inmate are	or processing th	ne video visit reques	st. The visitor's ful	l name, complete		
Visitor Name	Address		Relationship	Birth Date	Phone Number		
Main Contact Name							
Visitor Cente	r	Location					
AFOI Richmond (Saturdays & Sundays)		Assisting Families of Inmates 1 North Fifth Street, Suite 416, Richmond, VA 23219 Tel: 804-643-2401					
AFOI Alexandria (Saturdays)		Old Presbyterian Meeting House Alexandria					
AFOI Fredericksburg (Saturdays & Sundays)		Fredericksburg SDA Church		_	Mail to: Assisting Families of Inmates 1 North Fifth Street Suite 416 Richmond, VA 23219		
AFOI Norfolk (Saturdays)		First Presbyterian Church Norfolk					
AFOI Petersburg (Sundays)		Petersburg SDA Church					
AFOI Roanoke (Saturdays & Sund	AFOI Roanoke Second Press Saturdays & Sundays) Roanoke		terian Church				
Fees: \$10 for	25 minute Visit; \$	22 for 55 m	inute Visit	•			
BELOW FOR AFO	OI USE ONLY						
Visitor Eligibility C	onfirmed by Central Visita	tion Unit Yes	☐ No; Confirmed by	:			
☐ Email ☐ Fa	Fax Mail Other:		Date Received	Date Received:			
AFOI Visitor Cent	er Approval						
AFOI Approver Name	;	Sign	nature		Date		

