



BY COMPLETING THIS REQUEST AND AUTHORIZATION, I ACKNOWLEDGE THAT VISITATION OF OFFENDERS AT THIS DOC FACILITY IS A PRIVILEGE. THIS PRIVILEGE MAY BE REVOKED OR SUSPENDED FOR VIOLATION OF RULES, OVERCROWDING, OR AS A RESULT OF SUSPICIOUS BEHAVIOR. A VISITING BROCHURE IS AVAILABLE UPON REQUEST.

PLEASE PRINT ~ ALL SPACES MUST BE COMPLETELY FILLED OUT BEFORE VISITING IS AUTHORIZED.

Visitor Information						
Visitor's Legal Last Name		Visitor's Legal First Name		MI	DMV or ID Card Number	
Race	Gender	Hair Color	Eye Color	Height	Weight	MM DD YYYY Date of Birth
						Place of Birth County or City and State

Your Current Mailing Address	Information on Offender You Want to Visit
Street Address	Offender's Incarcerated Name & Number (<i>First and Last</i>)
City or Town of Residence State Zip	Offender's Facility
	Your legal relationship to Offender (If none, state none)

Vehicle Information			
Make	Model	Year	Plate Number

List First and Last Name of Visitors Under 18 Years Old Accompanying You		
<i>First and Last Name</i>	<i>First and Last Name</i>	<i>First and Last Name</i>
Are you this child's parent or legal guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you this child's parent or legal guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you this child's parent or legal guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No
You must provide written notarized approval from the parent or legal guardian for visitors under 18 years old if you are not the parent or legal guardian of these visitors.		

Conditions	
<input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU BEEN CONVICTED OF A FELONY IN ANY JURISDICTION?
<input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU EVER BEEN EMPLOYED BY, VOLUNTEERED WITH, OR CONTRACTED BY THE DEPARTMENT OF CORRECTIONS OR DEPARTMENT OF CORRECTIONAL EDUCATION
<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YOU ANSWERED YES TO EITHER OF THE ABOVE QUESTIONS DO YOU HAVE WRITTEN APPROVAL FROM THE WARDEN OR SUPERINTENDENT TO VISIT?
<input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU CURRENTLY UNDER ACTIVE PAROLE OR PROBATION SUPERVISION? (<i>If you are on supervision, you must have written permission from your chief parole officer and the Warden/Superintendent of this facility.</i>)
<input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU A VICTIM OF THE CURRENT CRIME COMMITTED BY THE OFFENDER WITH WHOM YOU WISH TO VISIT?
<input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OR ASSOCIATED WITH ANY GANG, MOTORCYCLE CLUB, RACIAL SUPREMACY GROUP, OR OTHER SUCH GROUP OR ORGANIZATION AS DEFINED IN CODE OF VIRGINIA §18.2-46.1?

I authorize the Department of Corrections to conduct a Virginia Criminal Information Network (VCIN) records check, or to use any Department of Corrections records to verify accuracy of information provided on this form.

The above information is true and correct. I understand that providing false information on this form is grounds for denying visiting privileges. I have read and understand the above statements.

Signature	Date
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