



Adult Visitor Application and Background Investigation Authorization

For use if age 18 or over or if emancipated minor

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 LEGIBLY ~ ALL SPACES MUST BE COMPLETELY FILLED OUT BEFORE YOU CAN REGISTER FOR VISITING

Visitor Information

Check Box if Emancipated Minor

Visitor's Legal Last Name Visitor's Legal First Name MI DMV or ID Card Number SSN (last 4)

						MM	DD	YYYY		
Race	Gender	Hair Color	Eye Color	Height	Weight	Date of Birth		Place of Birth County or City and State		

Your Current Mailing Address

Street Address

City or Town of Residence State Zip

e-mail Address

Information on Offender You Want to Visit

Offender's Incarcerated Name & Number (*First and Last*)

Offender's Facility

Your legal relationship to Offender p to Offender (If none, state none)

Vehicle Information

Make Model Year Plate Number

Conditions

- YES NO HAVE YOU BEEN CONVICTED OF A FELONY IN ANY JURISDICTION?
- YES NO HAVE YOU EVER BEEN EMPLOYED BY, VOLUNTEERED WITH, OR CONTRACTED BY THE DEPARTMENT OF CORRECTIONS OR DEPARTMENT OF CORRECTIONAL EDUCATION
- YES NO IF YOU ANSWERED YES TO EITHER OF THE ABOVE QUESTIONS DO YOU HAVE WRITTEN APPROVAL FROM THE WARDEN OR SUPERINTENDENT TO VISIT?
- YES NO ARE YOU CURRENTLY UNDER ACTIVE PAROLE OR PROBATION SUPERVISION? (*If you are on supervision, you must have written permission from your chief parole officer and the Warden/Superintendent of this facility.*)
- YES NO ARE YOU A VICTIM OF THE CURRENT CRIME COMMITTED BY THE OFFENDER WITH WHOM YOU WISH TO VISIT?
- YES 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