



**Please DO NOT visit until the inmate notifies you of your approval.**

After completing this form mail to:

***Please read this carefully: Only one form per person.***

- This inmate requests you be approved for visitation privileges. To do this, we must have the following information about you.
  - **DO NOT LEAVE blanks**, doing so will cause your application to be **DENIED**. When items do not apply, write in NA (not applicable).
  - Supplying false or misleading information results in your application being denied.
  - **Persons 12 years old and older** wanting to visit must complete this form. Be sure to sign the form in the space provided or it will not be processed.
- Continue on attached sheet if necessary for any item**

<b>1. Inmate Name</b>				
<b>2. Inmate's Department of Correction Number (DC#)</b>				
<b>3. Your Relationship to the Inmate:</b> (mother, friend, penpal, etc)				
<b>4. Are You a Victim of This Inmate's Crime?</b>		No	Yes	
<b>5. Complete Legal Name:</b>	First name:			
	Last name:	Maiden name:		
	Middle name:			
<b>6. Identifying Information:</b> Driver's License or State ID No. (16 yoa. and older)	Date of Birth:	Age:		
	Race:	Sex:		
	State	Number		
<b>7. Complete Home Address:</b>	Physical Address/Apt. # :			
	City:	County		
	State:	Zip Code		
<b>8. Phone Numbers:</b>	Home (include area code):			
	Work (include area code):			
<b>9. Employment Status:</b> Have you ever worked for the Florida Dept. of Corrections (employee, volunteer, contractor, vendor, etc.):	Place of Employment:			
		No	Yes	
<b>10. Background:</b>	* List dates, location, and positions held:			
	Have you ever been arrested, or received a criminal citation, or a notice to appear in court to respond to criminal charges?	No	Yes	
	Did you ever help this inmate commit a crime?:	No	Yes	
	Were you ever in prison?:	No	Yes	
	Dates & Location of each imprisonment:	Prison #		
	What were you convicted of for each imprisonment?:			
	Are you currently on Probation/Parole?:	No	Yes	
	If yes, which agency is supervising you ( <b>Circle one</b> )?:	State	Federal	County
		Dept. of Juv. Justice	Other	
	If Probation/Parole has been terminated, indicate date of termination:			
What are you on probation/parole for?:				
Name of Probation Officer:				
Phone number of Probation Officer:				
<b>11. Are you approved to visit any other inmate?:</b> What is their name(s) and DC#(s):	Name:	No	Yes	
	DC#:			
<b>12. Have your visitation privileges ever been denied, suspended, or terminated?</b> Please explain:		No	Yes	
<b>13. Where did you meet this inmate (Circle one)?:</b>		Pen pal	Neighborhood	
		Work	Family	
		Prison	Other	

*I certify all the information above is complete, accurate, true and that I have read all of the Visitor Rules in Part 2 of this application and agree to follow these rules. In addition, I understand that giving false information is a second-degree misdemeanor and could result in the permanent suspension of my visiting privileges. I acknowledge that a criminal background check will be made.*

<b>Signature</b>	<b>Date</b>	<b>Print Name</b> (Last, First, Middle Name)
<b>Signature of Parent or Legal Guardian if under 18 years old</b>	<b>Date</b>	<b>Print Name</b> (Last, First, Middle Name)

