



After completing this form mail to:

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

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**

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

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

