



**State of West Virginia Division of Juvenile Services**

1200 Quarrier Street, 2nd Floor  
Charleston, WV 25301

\*\* If you have completed this form for the same offender at another juvenile facility, do not complete form again. Please contact the juvenile facility where the offender is located.

**The Juvenile Facility Director or Superintendent has the authority to deny your visit even if your background check has been approved. Please contact the facility where the offender is located for background check approval and to schedule visits.**

**VISITING REQUEST**

1. OFFENDER NAME: \_\_\_\_\_ 1a. FACILITY NAME \_\_\_\_\_ 2. DJS # \_\_\_\_\_

3. VISITOR'S FULL NAME : \_\_\_\_\_ 3a. DATE \_\_\_\_\_  
(First) (Middle) (Last)

4. MAILING ADDRESS: \_\_\_\_\_  
Street City State Zip Code

5. PHYSICAL ADDRESS IF DIFFERENT FROM ABOVE: \_\_\_\_\_

6. TELEPHONE NUMBER: ( ) \_\_\_\_\_

7. DATE OF BIRTH: (Month/Day/Year) \_\_\_\_\_ 7a. Race: \_\_\_\_\_ 7b. Sex: \_\_\_\_\_

8. PLACE OF BIRTH \_\_\_\_\_ 8a. SOCIAL SECURITY # \_\_\_\_\_

9. MAIDEN NAME (If applicable) \_\_\_\_\_

10. EYE COLOR: \_\_\_\_\_ 10a. HAIR COLOR: \_\_\_\_\_ 10b. WEIGHT: \_\_\_\_\_ 10c. HEIGHT: \_\_\_\_\_

11. RELATIONSHIP TO OFFENDER \_\_\_\_\_

12. ARE YOU RELATED TO ANY OTHER OFFENDER(S) AT ANY JUVENILE FACILITY?  YES  NO  
(IF YES, PLEASE COMPLETE THE FOLLOWING):

12a. OFFENDERS NAME \_\_\_\_\_ 12b. DJS NO: \_\_\_\_\_

12c. OFFENDERS NAME \_\_\_\_\_ 12d. DJS NO: \_\_\_\_\_

13. ARE YOU VISITING ANY OTHER OFFENDER(S) AT ANY OTHER JUVENILES FACILITY AT THE PRESENT TIME?  YES  NO

13a. OFFENDERS NAME: \_\_\_\_\_ 13b. DJS NO: \_\_\_\_\_

13c. OFFENDERS NAME: \_\_\_\_\_ 13d. DJS NO: \_\_\_\_\_

13e. OFFENDERS NAME: \_\_\_\_\_ 13f. DJS NO: \_\_\_\_\_

14. ARE YOU CURRENTLY UNDER INDICTMENT FOR A CRIME? \_\_\_\_ YES \_\_\_\_ NO

14 a. IF YES, PLEASE EXPLAIN THE CIRCUMSTANCES.

\_\_\_\_\_  
\_\_\_\_\_

15. HAVE YOU EVER BEEN CONVICTED OF A FELONY? \_\_\_\_ YES \_\_\_\_ NO

15a. IF YES, PLEASE STATE DATE OF CONVICTION, CRIME(S) FOR WHICH CONVICTED, SENTENCE, WHAT FACILITY YOU WERE COMMITTED TO, AND RELEASED FROM: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

16. WERE YOU OR ANY CHILDREN UNDER THE AGE OF 18 A VICTIM OF THIS OFFENDER(S) CRIME? \_\_\_\_ YES \_\_\_\_ NO

16a. IF YES, PLEASE STATE THE CIRCUMSTANCES:

\_\_\_\_\_  
\_\_\_\_\_

17. ARE YOU NOW ON PROBATION/PAROLE? \_\_\_\_ YES \_\_\_\_ NO

17a. IF YES, STATE WHY YOU ARE ON PROBATION/PAROLE: WHEN YOU WILL DISCHARGE FROM PROBATION/PAROLE AND THE NAME AND TELEPHONE NUMBER OF YOUR PROBATION/PAROLE OFFICER:

\_\_\_\_\_  
\_\_\_\_\_

18. CHILDREN UNDER THE AGE OF 18: YOU MAY ONLY APPLY FOR CHILDREN IF YOU ARE ABLE TO PROVIDE PROOF THAT YOU ARE THEIR PARENT OR LEGAL GUARDIAN. THE PARENT/LEGAL GUARDIAN OF THE CHILD MUST BE ON THE OFFENDER(S) APPROVED VISITING LIST BEFORE ANYONE ELSE MAY BRING IN A CHILD. IF ANYONE OTHER THAN THE PARENT/LEGAL GUARDIAN WISHES TO BRING A CHILD INTO THE COMPLEX, THEY MUST HAVE A NOTARIZED PERMISSION SLIP FROM THE PARENT/LEGAL GUARDIAN.

NAME	BIRTHDAY	AGE	RELATIONSHIP TO VISTOR	RELATIONSHIP TO OFFENDER

19. **CERTIFICATION:** I HEREBY AFFIRM THAT ALL ANSWERS TO THE ABOVE QUESTIONS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND ACKNOWLEDGE THAT THEY MAY BE UTILIZED FOR THE PURPOSE OF CONDUCTING A BACKGROUND CHECK.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\*\*\* Please mail completed request to: State of WV Division of Juvenile Services  
Attn: Visitor Request  
1200 Quarrier Street, 2nd Floor  
Charleston, WV 25301 or Fax to (304) 558-2965 or (304) 558-6032