



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 a 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**

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)

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

Your Current Mailing Address

Street Address

City or Town of Residence State Zip Country

e-mail Address

Phone Number

Information on Offender You Want to Visit

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

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 age 18 accompanying you and check whether you are the child's parent or legal guardian. Attach a *Minor Visitor Application and Background Investigation Authorization* for each child

First and Last Name	Parent/ Guardian	First and Last Name	Parent/ Guardian	First and Last Name	Parent/ Guardian
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<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

- 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 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 criminal 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