



## 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 \_\_\_\_\_

Mail to: Visitor Registration Unit, P.O. Box 26963, Richmond, Virginia 23261-6963