## **STATE OF NEVADA DEPARTMENT OF CORRECTIONS** *INMATE VISITING APPLICATION*

1. INMATE INFORMATION								
		FILE#	(For li	nstitutional use only)				
Inmate Name:	Inmate I.D #							
If you would like the privilege of visiting and your name placed on an Inmates visiting list, please complete this application. <b>ALL</b> questions <b>MUST</b> be answered. If the question does not apply place an " <i>N/A</i> " in the blank. Any omission or false statement is sufficient reason for permanent denial of visiting privileges. Please completed the application and send it to the Institution where the Inmate you wish to visit is located. All completed applications require <b>ORIGINAL</b> signatures prior to processing.								
2. NAMES AND ADDRESSES								
VISITING APPLICANT NAME:LAST		FIRS	 T	MI				
LIST ANY OTHER NAMES (ALIAS) YOUR KNOWN BY (INCLUDING YOUR MAIDEN NAME, IF APPLICABLE)								
CURRENT ADDRESS:								
FULL STREET AD	DRESS	CITY	Z STAT	E ZIP				
CURRENT PHONE NUMBER:	E-N	IAIL ADDRESS						
PREVIOUS ADDRESS:								
FULL STREET AD		CITY						
LIST OTHER STATES YOU HAVE LIVED IN	:							
OCCUPATION OR BUSINESS:								
EMPLOYER:								
HAVE YOU EVER WORKED FOR THE NEVADA DEPARTMENT OF CORRECTIONS? IF YES WHEN								
IN WHAT CAPACITY POSITION TITLE								
3. IDENTIFIERS								
DRIVER LICENCE NUMBER:		STATE						
DOB:								
SSN#		GENDER:	MALE	FEMALE				
RACE:		MARITAL STATUS: 1	MARRIED	SINGLE				
HEIGHT: WEIGHT:	_ HAIR COLOR:		EYE COLOR	R:				
SCARS, MARKS, TATTOOS:								

4. CRIMINAL HISTORY								
HAVE YOU EVER BEEN ARRESTED? YES NO (If yes complete the following section; attach additional sheet if necessary)								
CHARGE	APPROXIMATE DATE	D	ISPOSITION	CITY / STATE				
		_						
		_						
		_						
		_						
ARE YOU CURRENTLY ON PROBATI	ON / PAROLE?	If yes what Sta	ate?					
5. INMATE RELATIONSSHIPS								
HOW LONG HAVE YOU KNOWN INM	IATE? RE	LATIONSHIP TO	INMATE?					
DO YOU NOW OR HAVE YOU EVER VISITED OR CORRESPONDED WITH ANOTHER NEVADA DEPARTMENT OF CORRECTIONS INMATE?								
(If yes complete the following section) NAME AND NUMBER	RELATIONSHIP	INDICAT	E WHETHER YOU	U WRITE OR VISIT				
6. AUTHORIZATION I have read, understand and agree to comply with the verify the criminal history information provided by r	e visiting rules of the Nevada Departm ne on this application.	ent of Corrections. I her	by authorize the Departr	nent of Corrections to				
APPLICANTS SIGNATURE			DATE					
******If you are under 18 years of age, visiting approval will require the approval of your parent or guardian. Their signature MUST be notarized*******								
SIGNATURE PARENT OR GUARDIAN	I		DATE					
State of, Count	y of							
Signed and sworn to before me on	by							
	(Date) (Print name of	person making statement)						
	Notary Stamp:							
(Signature of notarial officer)								
AGENCY AUTHORIZATION FOR RECORDS CH	IECK DATE		DATE _					
7. APPLICATION REVIEW								
APPROVED DISAPPROVED _								
	FEIGED							
SIGNATURE VISITING O	FFICEK		DATE					