

## WYOMING DEPARTMENT OF CORRECTIONS

### WDOC Form #531 Visitor Application

Last Revised: 1/23/12

Page 1 of 2

This application must be filled truthfully and completely for each and every individual the inmate is requesting as a visitor, including children under the age of eighteen (18). This form must be either typed or printed clearly and legibly. Please note that individual identification information is collected and retained for the sole purpose of visitor application review and approval, including background checks. It will not be used for other purposes.

#### Upon completion, mail or fax this form to the appropriate facility (see page 2).

Name of inmate:		WDOC #:	Facili	ty:		
Your name (First, Middle, Last):						
Social Security Number:						
Maiden name:		ther names used:				
Date of birth:	P	lace of birth:				
	State issued:					
Other I.D. #:						
Current address:	Street	City		State	Zip	
Phone number, including area code:		•				
Mailing address (if different then above):						
	Street	City	State	Zip		
Relationship to inmate:  Do you visit any other inmate here or  If yes, who and where?  Are you a certified victim that receives in  If yes, what is/are the offend	at any other	WDOC facility? Ye	s  No		No [	
Are you an approved volunteer or religion If yes, which facility?		at any WDOC facility?		No 🗌		
Race: Sex: Height:	Wei	ght: Hair Colo	or:	Eye Color:		
<del></del>	_	orced  Other – Ex	-	e#:		
Vehicle license plate #:  Vehicle description Make:	Model:	State issued: Color:		Year:		
Do you have a felony record? No If yes, disposition:	□Yes Jail □Pris			Date:		
Are you currently on probation or par	role? Yes	□ No □ If y	yes, which st	tate?		



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Page 2 of 2

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**Disclosure**: There will be a criminal record check done on all visitors. A criminal record does not automatically exclude applications for visiting privileges. An inmate or prospective visitor who has intentionally submitted false information to the WDOC as part of the visiting application process will be denied visitation for at least one (1) year from the date of the denial of the application. Certain individuals may be ineligible for visitation privileges, per WDOC Policy #5.400, *Inmate Visiting*. Copies of this policy and the accompanying attachments are available at each correctional facility's visiting desk/reception area and on the WDOC's public website: http://corrections.wy.gov

#### I verify the information I have given is true and accurate to the best of my knowledge.

Applicant Signature:		Date:		
			visiting application has been approved or visiting rules.	
	may be necessary to process this a ved within ninety (90) days, the ap		ional information is requested from the mied.	
in writing and directed		WDOC employees	or deny an inmate's visiting application must be swill not respond to telephone inquiries by mate's visiting application.	
		_	n must be mailed/faxed <u>directly to the</u> DOC Central Office in Cheyenne.	
Wyoming State Penitentiary P.O. Box 400 Rawlins, WY 82301 Fax: (307) 328-7464	Wyoming Honor Farm 40 Honor Farm Road Riverton, WY 82501 Fax: (307) 856-2505	P.O. Box 160 Newcastle, W	Wyoming Honor Conservation Camp and Boot Camp P.O. Box 160 Newcastle, WY 82701 Fax: (307) 746-9316	
<b>Wyoming Women's Center</b> P.O. Box 300 Lusk, WY 82225 Fax: (307) 334-2254	Wyoming Medium Correction 7076 Road 55F Torrington, WY 82240 Fax: (307) 532-3240	onal Institution	Casper Re-Entry Center Therapeutic Community (100 Bed) P.O. Box 2380, Mills, WY 82644 Fax: (307) 472-5310	
	For O	fficial Use Only:		
Results of N.C.I.C.:				
Visitor application is denie	d. Reason:			
Visitor application requires Visitor application is approve		Explain:		
WDOC Staff Signature:		Date:		