



# Visiting Application

## Connecticut Department of Correction

CN100601/1  
REV 10/23/13

Inmate name:	Inmate number:
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Facility/Unit:

**The inmate named on this form has requested permission to place you on the inmate's approved list of visitors. To process this request, you must supply the information required on this form. If you fail to complete and sign this form, or supply false information, the visiting request will be denied. Denials may be appealed in writing by the proposed visitor to the Unit Administrator within 10 days of notification of denial.**

Visitor full name:	Visitor date of birth:
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Maiden name or previously known as (if applicable):

Visitor street address (a post office box is unacceptable), with city, state and zip code:

Visitor telephone number, including area code:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> female
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Visitor relationship to the inmate:

**Any visitor, under the age of 18, must be accompanied by an authorized adult member of the immediate or expanded family or an adult properly authorized by the Department of Children and Families, who also must complete a visiting application. If you are under the age of 18, you must supply the following additional information:**

Full name(s) of parent(s) or guardian:

Street address (a post office box is unacceptable), with city, state and zip code:

**Parent or Legal Guardian authorization for expanded family member to accompany a person under the age of 18.**  
By affixing my signature below, I certify that I am the Parent/Legal Guardian of the minor child listed above. I hereby grant my approval for the child listed above to visit the inmate listed on this application in a Correctional facility. I am not aware of any legal prohibition against such visitation between the child and the inmate.

Signature	Date
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**ANSWER THE FOLLOWING QUESTIONS:**

1. Have you been convicted of a crime to include fines, probation or a suspended sentence?  Yes  No (if no, proceed to question no. 5)

2. If so, where?	When?	Sentence?
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3. Are you now on probation?  Yes  No (If yes, explain):

4. Are you now on parole?  Yes  No (If yes, explain):

5. Are you on any other visiting list?  Yes  No (if no, proceed to question no. 8)

6. If so, whom?

7. At what correctional facility?

8. Are you currently an approved Department of Correction (DOC) volunteer?  Yes  No

9. Are you a current or former DOC employee?  Yes  No (If yes, explain below):

**PROCEED TO REVERSE  
SIDE >>>**



# Visiting Application

## Connecticut Department of Correction

CN 100601/2  
REV 10/23/13

10. Do you have a disability requiring a special accommodation? (If yes, explain below):  Yes  No

11. Are you presently or have you ever been a victim involving the above inmate?  
(If yes, explain below): Failure to disclose this information may exempt you from visiting and/or sending in money to the inmate named on this form.  Yes  No

12. Are you presently using a pacemaker or defibrillator?  Yes  No

If you answered 'yes' you will be required to provide medical documentation signed by a licensed healthcare provider. If you answered 'yes' and do not provide the signed medical documentation, your eligibility to visit will be based upon the discretion of the Unit Administrator.

I hereby request that I or the child listed above be placed on this inmate's approved list of visitors. I acknowledge that I have read and understand the inmate visiting rules specified attached to this application. I also understand that supplying false information will lead to the denial of this request.

Signature:

Date:

RETURN THIS FORM WITHOUT DELAY TO:

Staff name and title:

Date:

Facility name and address:

**DO NOT WRITE BELOW THIS LINE - FACILITY USE ONLY**

The individual's request to be placed on the inmate's visiting list is hereby:  **APPROVED**  **DENIED**

Reason for approval/denial:

Staff name:

Title:

Staff signature:

Date: