

New Application \_\_\_\_\_  
 Update Application \_\_\_\_\_



TENNESSEE DEPARTMENT OF CORRECTION  
**VISITATION APPLICATION**

\_\_\_\_\_ **Inmate Name** \_\_\_\_\_ **TDOC #** \_\_\_\_\_ **Institution**

**READ CAREFULLY: All questions must be answered.** Any omissions or falsifications, including relationship and prior convictions, will be considered sufficient reason to deny approval or to withdraw approval of the visitor. Please attach recent photograph in lower left-hand corner or application will not be processed. Return this form to the warden of the above noted institution. This application will become part of the inmate's institutional record under the provision of T.C.A. 4-3-606 and 4-6-140. It will be considered a public record available for review by the general public, subject to the procedures established in the above cited statutes. All visitor applicants are subject to a NCIC background check.

\_\_\_\_\_ **Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_ **Middle Name**

\_\_\_\_\_ **Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State & Zip**

\_\_\_\_\_ **Telephone Number** \_\_\_\_\_ **Male or Female** (circle one) \_\_\_\_\_ **Married Single Divorced**  
**Marital Status** (circle one)

\_\_\_\_\_ **Height** \_\_\_\_\_ **Weight** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Driver's License # and State of Issue**

<b>Race</b> (circle one)	<b>Hair Color</b> (circle one)		<b>Eye Color</b> (circle one)		<b>Complexion</b> (circle one)	
A (Asian or Pacific Islander)	BLN (Blonde/Strawberry)	BAL (Bald)	BLK (Black)	BLU (Blue)	ALB (Albino)	FAR (Fair)
B (Black)	GRY (Gray/Partially Gray)	BLK (Black)	BRO (Brown)	GRN (Green)	BLK (Black)	LBR (Light Brown)
H (Hispanic)	RED (Red/Auburn)	BRO (Brown)	GRY (Gray)	HAZ (Hazel)	DRB (Dark Brown)	LGT (Light)
I (American Indian/Alaskan Native)	SDY (Sandy)	WHI (White)	MUL (Multicolored)		MBR (Medium Brown)	DRK (Dark)
W (White)						

**Relationship to Inmate** (circle one)

AP (Adoptive Parent)	DA (Daughter)	FR (Friend)	HS (Half Sister)	NI (Niece)	SM (Step Mother)	WI (Wife)
AU (Aunt)	DI (Daughter-in-Law)	GD (Granddaughter)	HU (Husband)	SB (Step Brother)	SN (Son)	
BL (Brother-in-Law)	FA (Father)	GF (Grandfather)	LG (Legal Guardian)	SD (Step Daughter)	SO (Son-in-Law)	
BR (Brother)	FC (Foster Child)	GM (Grandmother)	ML (Mother-in-Law)	SF (Step Father)	SR (Step Sister)	
CL (Clergy)	FL (Father-in-Law)	GS (Grandson)	MO (Mother)	SI (Sister)	SS (Step Son)	
CO (Cousin)	FP (Foster Parent)	HB (Half Brother)	NE (Nephew)	SL (Sister-in-Law)	UN (Uncle)	

Are you currently on the visiting list of an inmate confined in the Tennessee Department of Correction? \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

If yes, what is his/her name: \_\_\_\_\_ **TDOC #:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Are you now, or have you ever been an employee or contract employee of the TDOC? \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**. If yes, when? \_\_\_\_\_

Have you ever been suspended from visitation? \_\_\_\_\_ **Yes** \_\_\_\_\_ **No** If yes, list reason below: \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**. If yes, please list offense(s), date, location disposition/sentence and TDOC number if applicable: \_\_\_\_\_

Are you required to carry a pager? \_\_\_\_\_ **Yes** \_\_\_\_\_ **No** If yes please state why: \_\_\_\_\_

If you have a prosthetic device, pacemaker or defibrillator, you may be required to submit a copy of a physician statement.

**Attach a recent photo of yourself only here.**  
**Photo must be of quality that can be used for identification purposes. No black & white photographs or pictures copied from copy machine.**

**YOUR SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

If you are under 18 years of age, your parent or legal guardian's approval must be indicated by notarized signature. If signed by legal guardian, a copy of certified court order granting guardianship must be attached.

*Visitors' handbooks are available upon receipt of a self-addressed stamped envelope with this application.*

\_\_\_\_ Approved \_\_\_\_\_ **DATE:** \_\_\_\_\_

\_\_\_\_ Disapproved \_\_\_\_\_ **DATE:** \_\_\_\_\_

Warden's Designee

\_\_\_\_ Approved \_\_\_\_\_ **DATE:** \_\_\_\_\_

\_\_\_\_ Disapproved \_\_\_\_\_ **DATE:** \_\_\_\_\_

Warden's Signature  
(required only if disapproved by designee)



TENNESSEE DEPARTMENT OF CORRECTION  
VISITATION APPLICATION

**PARENTAL CONSENT/RELEASE FOR MINOR'S VISITATION** (For children under 18 years of age, please fill out completely, have notarized by a notary public, lawyer, or local postal official)

\_\_\_\_\_ **Inmate Name** \_\_\_\_\_ **TDOC #** \_\_\_\_\_ **Institution**

This form must be completed by the custodial parent/legal guardian and properly notarized for minor children (under 18 years of age) to visit an inmate when the custodial parent/legal guardian is unable, or unwilling to visit and accompany the minor child. The child may visit only with the authorized person named below, who is over 18 years of age and who must also be on the approved visitation list of the inmate they wish to visit. Permission is granted for the child to be searched.

<u>Minor's Name</u>	<u>Date of Birth</u>	<u>Relationship of Child to Inmate</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>Approved Escort/Guardian</u>	<u>Guardian's Date of Birth</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_\_ Signature of Custodial Parent/Legal Guardian

\_\_\_\_\_ Date

**STATEMENT OF NOTARY PUBLIC**

Subscribed to, and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

My commission expires on \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

xc: Visitation File  
Inmate



**TENNESSEE DEPARTMENT OF CORRECTIONS**  
**CONTACT VISITATION WITH MINORS AGREEMENT**

\_\_\_\_\_  
 INSTITUTION

I, \_\_\_\_\_ TDOC # \_\_\_\_\_ agree to the  
 Offender Name

following rules of conduct during visits with children under the age of 18:

- (1) Absolutely no visitation with the victim(s) or alleged victim(s) of my crimes of conviction without documented approval by the institution's mental health authority, and Warden.
- (2) Physical contact with a child is limited to an appropriate initial greeting and parting goodbye gesture. For example, an appropriate hug or kiss on the cheek.
- (3) No prolonged handling or touching of the child is allowed.
- (4) No kissing of the child on the mouth.
- (5) No sitting of the child on the lap.
- (6) No contact with a child of other visitors.
- (7) No whispering, passing notes, swearing, spanking, hitting, threatening, or use of foreign language or other words unfamiliar to visitation security staff.
- (8) All child visitors must be in direct sight of visitation security staff at all times.
- (9) No changing diapers or other assistance in personal hygiene or intimate dressing activity.
- (10) The parent/guardian is responsible for managing the behavior of the child.
- (11) All directions given by visitation security staff, and the rules of this agreement, must be followed by inmate visitor without disagreement at the time of visitation or in the presence of the child.
- (12) Any specific visit, as well as my privilege to have contact visits with a child under the age of 18, may be terminated if any of the above guidelines are violated; or if the visiting child, or caretaker is unduly distressed from the visit.

\_\_\_\_\_  
 Offender Signature

\_\_\_\_\_  
 Custodial Parent or Legal Guardian  
 of Visitor Under 18 Years of Age

\_\_\_\_\_  
 Witness & Job Title

\_\_\_\_\_  
 Date