

**STATE OF NEVADA  
DEPARTMENT OF CORRECTIONS**

*INMATE VISITING APPLICATION*

1. INMATE INFORMATION

FILE# \_\_\_\_\_ (For Institutional 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. **ALL questions MUST be answered. If the question does not apply place an "N/A" 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 **ORIGINAL** signatures prior to processing.

2. NAMES AND ADDRESSES

VISITING APPLICANT NAME: \_\_\_\_\_  
LAST FIRST MI

LIST ANY OTHER NAMES (ALIAS) YOUR KNOWN BY (INCLUDING YOUR MAIDEN NAME, IF APPLICABLE)

\_\_\_\_\_  
\_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_  
FULL STREET ADDRESS CITY STATE ZIP

CURRENT PHONE NUMBER: \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_  
FULL STREET ADDRESS CITY STATE ZIP

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: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

SSN# \_\_\_\_\_ GENDER: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

RACE: \_\_\_\_\_ MARITAL STATUS: MARRIED \_\_\_\_\_ SINGLE \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

SCARS, MARKS, TATTOOS: \_\_\_\_\_  
\_\_\_\_\_

4. CRIMINAL HISTORY

HAVE YOU EVER BEEN ARRESTED? YES \_\_\_\_\_ NO \_\_\_\_\_ (If yes complete the following section; attach additional sheet if necessary)

<u>CHARGE</u>	<u>APPROXIMATE DATE</u>	<u>DISPOSITION</u>	<u>CITY / STATE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ARE YOU CURRENTLY ON PROBATION / PAROLE? \_\_\_\_\_ If yes what State? \_\_\_\_\_

5. INMATE RELATIONSSHIPS

HOW LONG HAVE YOU KNOWN INMATE? \_\_\_\_\_ RELATIONSHIP 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)

<u>NAME AND NUMBER</u>	<u>RELATIONSHIP</u>	<u>INDICATE WHETHER YOU WRITE OR VISIT</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. AUTHORIZATION

I have read, understand and agree to comply with the visiting rules of the Nevada Department of Corrections. I herby authorize the Department of Corrections to verify the criminal history information provided by me on this application.

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 \_\_\_\_\_ DATE \_\_\_\_\_

NOTORY: \_\_\_\_\_

\_\_\_\_\_ AGENCY AUTHORIZATION FOR RECORDS CHECK

\_\_\_\_\_ DATE

7. APPLICATION REVIEW

APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_

\_\_\_\_\_ SIGNATURE VISITING OFFICER

\_\_\_\_\_ DATE