



Stanislaus County Sheriff's Department
 Adult Detention Division
INMATE VISITOR REQUEST FORM

VRF2006A

1. Inmate Information (please print):

Name of inmate you want to visit (Last First Middle):	Cell location:	Inmate's booking number:
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2. Visitor Information (please print):

Your name (Print your name exactly as indicated on the photo identification you will be using):		Suffix (Jr.,Sr.,etc.):	Telephone number:
Maiden name (If applicable):	Have you ever used another name? If so, please list	Relationship to inmate (Spouse, Son/Daughter, Etc.):	
Date of birth (Mo/Day/Yr):	Gender (check one): <input type="checkbox"/> Male <input type="checkbox"/> Female	Birthplace (City County State Country):	
ID Number:	State or Country of Issuance:	ID Type (check one): <input type="checkbox"/> Driver's License <input type="checkbox"/> State ID <input type="checkbox"/> Military ID <input type="checkbox"/> INS <input type="checkbox"/> MCAS <input type="checkbox"/> Passport	
Current Residence Address:		City:	State: Zip code:
Mailing address (if different from above):		City:	State: Zip code:

3. Visitor Background Information (please print):

Have you ever been detained, arrested, or convicted of a crime? (Check one) <input type="checkbox"/> YES <input type="checkbox"/> NO		If YES, complete section immediately below. List <u>all</u> detentions, arrest and/or convictions. Failure to list all requested information may result in denial of visiting. Attach additional sheet(s) if necessary.		
Offense:	Approximate Date:	Disposition (Dismissed, Probation, Jail Prison):	County:	State:
Offense:	Approximate Date:	Disposition (Dismissed, Probation, Jail Prison):	County:	State:
Are you on Probation? (Check one) <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you on Parole or Civil Addict outpatient status? <input type="checkbox"/> YES <input type="checkbox"/> NO	Have you been incarcerated in any state Adult/Juvenile correctional facility? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you currently under any type of court imposed program / order? (check one) <input type="checkbox"/> YES <input type="checkbox"/> NO	

I have read and understand the visiting rules on the reverse of this form and agree to follow all Federal, State and Stanislaus County Sheriff Department rules and regulations.

VISITOR SIGNATURE

DATE

▼ **OFFICIAL USE ONLY – TO BE COMPLETED BY VISIT CLERK / SUPERVISOR ONLY** ▼

APPROVED See notes below

DISAPPROVED, for the following reason(s):

- Active Parole or Probation (formal or informal): exp date _____ 290 Registrant
- Active Restraining Order involving inmate
- Active (Pending Cases) Active Warrants Victim Notification
- Incarcerated in Prison within the last 5 years
- Incarcerated within 30 days (of release) in any county jail. Release date: _____
- Incarcerated within 3 yrs (from release date of custody, probation or alternative to custody) of the following: weapons, violence, or felony controlled substance charges. Release date: _____
- Omitted arrests on application

NOTES:

Visit Approval/Denial Authority:	Date:
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