

Attention: Counselor _____

Requesting Inmate Name/Number: _____ Housing Unit: _____
(Minor should be listed on current visiting list)

Minor's Name: _____ Date of Birth: _____ Gender: M F

Relationship: Son Daughter Grandson Granddaughter Niece Nephew Other _____

Minor's Parent/Guardian: _____

Address: Street City State Zip

The inmate named above has requested that (Minor's Name) _____
Be approved as an authorized visitor and be permitted to visit him/her at the above facility.

Department of Corrections policy requires that the parent or legal guardian of a minor child (including a child of the inmate) submitted for Visiting List approval, be notified of such a request. The parent or legal guardian must indicate in writing that he/she approves of or objects to the minor visiting the inmate. The parent or legal guardian may also approve an adult to accompany the minor on such a visit(s).

Please indicate your decision by checking the appropriate box or boxes below:

- I **object** to having the above named minor on the inmate's Visiting List.
- I **approve** of having the above named minor on the inmate's Visiting List.
- I **approve** the adult listed below to accompany the minor on visit(s).

Name of Parent, Legal Guardian, or other Adult

Relationship to the Above-Named Minor

Signature of Parent or Legal Guardian

Date

Please return this inquiry to the above address. If your reply is not received within two weeks, the inmate's request will be disapproved. The institution must receive this form no later than: _____

Unit Manager or Counselor's Signature and Date form returned.

(One Minor per form)

SCI-- _____

Attention: Counselor _____

Requesting Inmate Name/Number: _____ Housing Unit: _____

(Minor should be listed on current visiting list)

Minor's Name: _____ Date of Birth: _____ Gender: M F

Relationship: Son Daughter Grandson Granddaughter Niece Nephew Other _____

Minor's Parent/Guardian: _____

Address: Street City State Zip

The above referenced inmate has requested that (Minor's Name) _____ be approved as an authorized visitor and be permitted to visit him/her at the above facility.

Department of Corrections policy requires that the parent or legal guardian of a minor child (including a child of the inmate) submitted for Visiting List approval, be notified of all charges that the inmate is, or was previously incarcerated for when those charges resulted from any physical or sexual abuse of a minor. The parent or legal guardian must indicate in writing that he/she is aware of the charges against the inmate and that he/she approves of or objects to the minor having a non-contact visit with the inmate, and indicate whether the minor was or was not a victim of the inmate. The parent or legal guardian may also approve an adult to accompany the minor on a visit(s).

The charges against the inmate are: _____

Please indicate your decision by checking the appropriate boxes below:

- I, being made aware of the charges against this inmate, **object** to having the above named minor on the inmate's Visiting List.
- I, being made aware of the charges against this inmate, **approve** of having the above named minor on the inmate's Visiting List.
- I **approve** of having the minor's adult family member(s) (listed below) accompany the minor on visit(s).

Name of Parent, Legal Guardian, or other Adult

Relationship to the Above-Named Minor

The Minor **was** a victim of the inmate.

The Minor **was not** a victim of the inmate.

Signature of Parent or Legal Guardian

Date

Please return this inquiry to the above address. If reply is not received within two weeks, the inmate's request will be disapproved. The institution must receive this form no later than: _____

Unit Manager or Counselor's Signature and Date form returned.

DC-315 List of Acceptable Forms of Visitor Identification

One (1) form of identification from “category A” or two (2) forms of identification from “category B” one of which must contain a physical description of the person are required.

Category A

- | | |
|---|--|
| 1. Driver’s license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address. | 4. U.S. Passport |
| 2. ID card issued by a federal, state, or local government agencies or entities provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address. | 5. Certificate of U.S. Citizenship (INS Form N-560 or N-561) |
| 3. School ID, with photograph. | 6. Certificate of Naturalization (INS Form N-550 or N-570) |
| | 7. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551) |
| | 8. Temporary Resident Card (INS Form I-688) |
| | 9. Any other form of identification that contains a photograph. |

Category B

- | | |
|---|--|
| 1. Voter’s registration card. | 8. ID Card for use of Resident Citizen in the United States (INS Form I-179) |
| 2. U.S. Military card or draft record. | 9. School record or report card. |
| 3. Vehicle Registration | 10. Clinic, doctor, immunization, or hospital record. |
| 4. U.S. social security card issued by the Social Security Administration. | 11. Day-care or nursery school report. |
| 5. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350) | 12. Learner’s Permit or Temporary Driver’s License |
| 6. Original or certified copy of a birth certificate issued by a state, county, municipal authority, or outlying possession of the United State bearing an official seal. | 13. Native American Tribal document |
| 7. U.S. Citizen ID Card (INS Form I-197) | 14. Any other document that contains information such as name, date of birth, sex, height, eye color, and address. |

Note: Any forms of identification presented after the expiration date indicated on the document will not be accepted.

FACILITY: AUTHORIZED VISITORS LIST

Complete Section 1 and submit all copies of the form. After Section 2 has been completed, the copies will be separated and distributed. List the names and ages of the persons you wish to have on your visiting list. Additionally, you will need to indicate if any of the persons listed are: **(1) Present or former inmate (County/State/Federal), (2) Currently or previously on probation or parole, (3) Involved in your current or past offense(s), (4) Department of Corrections employee, (5) Former Department of Corrections Employee, or (6) Volunteer of Contract Employee for the Department of Corrections.** Place the number (1), (2), (3), (4), (5), or (6), if applicable, in the column on the far right after each visitor's name to indicate these relationships. Members of a family living at the same address may be counted as one name. Your spiritual advisor and attorney may be listed in the space provided. You may make changes to this list at any time using form DC-312A, Supplementary Authorized Visitors. All requests are subject to the approval of the facility, and any existing regulations of the Department of Corrections.

1. INMATE'S REQUEST

| Name | Date of Birth | Gender M/F | Relation | Address | Number of Category (1 through 6 listed above), if applicable |
|-------------------|---------------|------------|----------|---------|--|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |
| 8. | | | | | |
| 9. | | | | | |
| 10. | | | | | |
| 11. | | | | | |
| 12. | | | | | |
| 13. | | | | | |
| 14. | | | | | |
| 15. | | | | | |
| 16. | | | | | |
| 17. | | | | | |
| 18. | | | | | |
| 19. | | | | | |
| 20. | | | | | |
| Spiritual Advisor | | | | | |
| Attorney | | | | | |
| Reporter/Media | | | | | |

| | | | |
|----------------|---------------------|-------|-----------|
| Inmate Number: | Inmate's Signature: | Date: | Location: |
|----------------|---------------------|-------|-----------|

2. APPROVAL

| | | |
|-----------------------------|--|---|
| Remarks: | <input type="checkbox"/> All Approved: | <input type="checkbox"/> Approved Except Line(s): |
| Approving Signature: | Title: | Date: |

WHITE – RECORDS OFFICE (DC-15)

CANARY – VISITING ROOM

PINK - INMATE

FACILITY:

| | | | | |
|---------|-------|---------------|-------|------------|
| Number: | Name: | Housing Unit: | Date: | Counselor: |
|---------|-------|---------------|-------|------------|

Complete Section 1 and submit all copies of the form. After Section 2 has been completed, the copies will be separated and distributed. List the names and ages of the persons you wish to have on your visiting list. Additionally, you will need to indicate if any of the persons listed are: **(1) Present or former inmate (County/State/Federal), (2) Currently or previously on probation or parole, (3) Involved in your current or past offense(s), (4) Department of Corrections employee, (5) Former Department of Corrections Employee, or (6) Volunteer or Contract Employee for the Department of Corrections.** Place the number (1), (2), (3), (4), (5), or (6), if applicable, in the column on the far right after each visitor's name to indicate these relationships. Members of a family living at the same address may be counted as one name. Your spiritual advisor and attorney may be listed in the space provided. You may make changes to this list at any time. All requests are subject to the approval of the facility, and any existing regulations of the Department of Corrections.

1. REMOVAL FROM THE LIST OF AUTHORIZED VISITORS

| Name | Date of Birth | Gender M/F | Relation | Address |
|------|---------------|------------|----------|---------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

2. ADDITIONS TO THE LIST OF AUTHORIZED VISITORS

| Name | Date of Birth | Gender M/F | Relation | Address | No. of Category (1 through 6 listed above), if applicable |
|------|---------------|------------|----------|---------|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

() Name Change Only

() Address Change Only

Inmate Signature

Counselor's Review

Approving Signature

WHITE – RECORDS OFFICE (DC-15)

CANARY – VISITING ROOM

PINK - INMATE