



Visiting Application

Connecticut Department of Correction

CN 100601/1
REV 02/06/23

Inmate Information:

Requesting Inmate name:	Inmate number:
Facility/Unit Inmate is currently located at:	

	Visiting Acknowledgement.	Visitor Initials
1.	The inmate named on this form has requested permission to place you on the inmate's approved list of visitors.	
2.	To process this request, you must supply the information required on this form.	
3.	If you fail to complete and sign this form, or supply false information, the visiting request will be denied.	
4.	Denials may be appealed in writing by the proposed visitor to the Unit Administrator within 10 calendar days of notification of the visiting application denial.	
5.	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.	
6.	Failure to disclose current or historical status as the above mentioned inmates VICTIM may exempt you from visiting the inmate named on this form.	
7.	Failure to abide by all rules and regulations set forth in Administrative Directive 10.6, Inmate Visiting may result in removal from an inmate's visiting list, institutional discipline for the inmate and if applicable criminal charges when warranted.	

Visitor Information:

Visitor full name (first, middle, last, suffix):		Visitor date of birth:
Maiden name or previously known as (if applicable):		
Street Address (a post office box is unacceptable)	City	State
Zip Code		
Visitor telephone number, including area code:	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Visitor relationship to the inmate:		
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)	City	State
Zip Code		
<u>Parent or Legal Guardian authorization for expanded family member to accompany a person under the age of 18.</u>		
<ul style="list-style-type: none"> 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:	

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:
------------	-------

CONTINUE ON NEXT PAGE & ANSWER THE FOLLOWING QUESTIONS; FAILURE TO DO SO WILL RESULT IN THE APPLICATION NOT BEING PROCESSED.



Visiting Application

Connecticut Department of Correction

CN 100601/2
REV 02/06/23

Inmate Information:

Requesting Inmate name:

Inmate number:

Facility/Unit Inmate is currently located at:

Visitor Information:

Visitor full name:

Visitor date of birth:

1.	Have you been convicted of a crime to include fines, probation or a suspended sentence?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	(If yes, explain below):
	If so, Where?		When?		Sentence?	
	Are you now on probation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, Explain:		
	Are you now on parole?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, Explain:		
2.	Are you on any other visiting list?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, Explain:		
	Whom?			At what correctional facility?		
3.	Are you a current or formerly approved Department of Correction (DOC) volunteer or contractor?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Are you a current or former DOC employee?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	(If yes, explain below):
5.	Do you have a disability requiring a special accommodation?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	(If yes, explain below):
6.	Are you presently or have you ever been a victim involving the above inmate?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	(If yes, explain below):
7.	Are you presently using a pacemaker or defibrillator?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<ul style="list-style-type: none"> If you answered 'yes' you will be required to provide medical documentation signed by a licensed healthcare provider. 					
	<ul style="list-style-type: none"> 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. 					

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: