## **VISITING RULES**

**RESIDENT:** Click or tap here to enter text.

Please be advised that the above named has requested that you be allowed to visit them at this facility. Residents are encouraged to maintain and strengthen relationships with family and friends through visiting. However, this is a Correctional Facility and we therefore need to bring the following rules and regulations to your attention.

- 1. All visitors must present proper identification upon entrance to the facility. Photo identification listing date of birth and physical characteristics is required.
- 2. Approved visiting lists are limited to six persons. (Individuals will not be approved to be on more than one visitors list at a time. Exceptions may be made for family members, but only with staff approval). Names can be added or removed as long as there are not more than six on the list at any given time. Any changes to the visiting list must be approved by supervising PO/facility management.
- 3. Each visitor must sign in at the control desk before being allowed into the facility to visit.
- 4. All visitors entering the facility are subject to search. Anyone refusing to submit to a search will be required to leave and will be subject to not being allowed to visit again at the facility.
- 5. Visitors will not be allowed to bring food or drink into the facility. Any such items brought in will be confiscated and disposed of in an appropriate manner.
- 6. Smoking is not allowed inside the facility or on facility grounds.
- 7. Visitors must be appropriately attired. Shoes and shirts are required. You may not wear mini-skirts, short shorts, muscle shirts, halter tops, see-through clothing, clothing with obscene or lewd slogans, clothing which depicts alcohol, drug or gang related (e.g., symbols, words, pictures, etc.) will not be allowed.
- 8. The resident and visitor may briefly embrace at the beginning and the termination of the visit. Holding hands, which must be in view at all times is the only physical contact allowed. Residents may hold small children.
- 9. Visitation is restricted to the living/dining room area.
- 10. Anyone under the age of 18 must be accompanied by their parent or guardian. You are responsible for the child's behavior. If children are unruly or unmanageable, they along with the adult will be asked to leave. Children should not be running in the building and should be in the same area as the adult at all times. (Visitors may not play pool or video games).
- 11. If the effects of alcohol or narcotic drugs is detected before or during the visit, the visit will be terminated and you will be subject to removal from the residents visiting list.
- 12. You may not visit with other residents while here.

13. Normal visiting hours are:	Tuesdays and Thursdays:	6:30 pm to 8:30 pm	
	Saturdays:	6:30 pm to 9:00 pm	
	Sundays:	1:30 pm to 4:30 pm	
Visiting times are also posted a Residential Manager.	It the front of the building and are	subject to change at the discretion of the	
 Daryl Lambert, Residential Mar	 nager	 Date	

If you understand and agree to the above, you need to complete and sign the questionnaire and personally deliver the completed form to the facility along with proof of your identity. The assigned Counselor will then investigate your application and notify you of acceptance or rejection and inform the above named resident. If accepted, you will then be placed on the residents personal visiting list.

## **VISITING QUESTIONNAIRE**

NAME OF RESIDENT YOU WIS	H TO VISIT:			
NAME:			DATE OF BIRTH:	
NAME:(First)	(Middle)	(Last)		
ADDRESS:(House/P.O. Box/Apt.	No) (Street, City & State)	(Zip Code)	SSN:	
, , , , , ,	, , , , , ,	, ,		
HOME PHONE:	CELL PHONE	<b>1</b> :	CELL PHONE 2:	
RELATIONSHIP } □Spouse TO }	☐Significant Other	□Natural Parent	□Step Parent	□Child
RESIDENT } □Sibling	□Friend □Ot	her (describe):		
NAMES/AGES OF CHILDREN V	VHO WILL BE WITH YOU:	:		
·				
IF YES, LIST DATE(S) OF ARRES	ST, WHERE ARRESTED, DI	SPOSITION OF CHARG	E: 	
I HAVE READ AND AGREE TO INFORMATION I HAVE PROVII OF VISITING PRIVILEGES. MY SIGNATURE INDICATES THE STAFF TO CONDUCT A BACKG SOURCES.	DED IS TRUE AND ACCUR	RATE AND THAT ANY FA	ALSE STATEMENTS WILI N RESIDENTIAL CORREC	L RESULT IN DENIAL
SIGNATURE:	GNATURE: DATE:			
STAFF WITNESS INITIALS:				
	(This s	pace for facility use only)		
□APPROVED				
□NOT APPROVED:			DATE:	
EMAILED TO PO:	DO'S NAME	ON:	DATE TI	ME STACE INITIALS