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:

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.):	Home 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): ☐ Male ☐ Female	Birthplace (City County State Country):		
ID Number:	State or Country of Issuance:	ID Type (check one): ☐ Driver's License ☐ State ID ☐ Military ID ☐ INS ☐ MCAS ☐ Passport		
Current Residence Address:		City:	State:	Zip code:
Mailing address (if different from above):			State:	Zip code:
Accompanying minor(s) if any (name, DOB, relationship to inmate): 1. 2.		3. 4.		

3. Visitor Background Information (please print):

Have you ever been detained, arrested, or convicted of a crime? (Check one) ☐ YES ☐ NO		If YES, complete section immediately below. List all 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) ☐ YES ☐ NO	Are you on Parole or Civil Addict outpatient status? ☐ YES ☐ NO	Have you been incarcerated in any state Adult/Juvenile correctional facility? ☐ YES ☐ NO	Are you currently under any type of court imposed program / order ? (check one) ☐ YES ☐ 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):

- ☐ Omissions and/or falsifications of section(s):_____
- ☐ Need disposition(s) for:_____ ☐ Need copy of declaration of discharge
- ☐ Applicant is under: ☐ Parole ☐ Formal probation ☐ Civil addict / outpatient supervision
- ☐ Arrest record indicates applicant has an extensive and/or recent history of criminal activity for offenses that are particularly sensitive to the institutional security. May reapply after: _____
- ☐ Other:_____

NOTES:

Visit Approval Authority:	Date: