



GEORGIA DEPARTMENT OF CORRECTIONS

Application for Visitation Privilege

Facility: _____

Inmate: _____ GDC #: _____

The inmate named above has request that you be approved for visitation privilege with him/her at this institution. Prior to making the approval, we must first confirm the following information obtained from you. Failure to provide complete and accurate information may result in denial of your visitation privilege.

Legal Name: _____ DOB(mm/dd/yy): _____

Address: _____ City: _____

State: _____ Zip Code: _____

Occupation: _____

Home/Cell Telephone: _____

What is your relationship to the inmate: _____

Have you ever been convicted of a crime? Yes No If so, give the nature of conviction(s), date, county, state, and sentenced received (attach additional sheet if necessary): _____

Are you on probation or parole? Yes No If so, give your probation/parole officer's name, location and telephone number: _____

Are you related to any inmate(s) incarcerated with Georgia Department of Corrections, other than the one listed above? Yes No If so, give name, GDC#, institution, relation of each inmate (attach additional sheet if necessary): _____

Do you correspond or visit with other inmates? Yes No If so, give name, GDC#, institution, relation of each inmate (attach additional sheet if necessary): _____



Please check and attach appropriate documentation to verify your relationship with the listed inmate:

- Notarized letter from you verifying your common law relationship
- Birth Certificate Divorce Decree Other: _____

THIS SECTION ONLY NEEDS TO BE COMPLETED IF YOU ARE NOT EXTENDED FAMILY (PARENT, SIBLING, CHILD, GRANDPARENT, SPOUSE, STEP-PARENT, STEP-SIBLING, BROTHER/SISTER-IN-LAW, AUNT, UNCLE, COUSIN, HALF SIBLING, NIECE, NEPHEW, STEP-CHILD) OF THE INMATE. PLEASE FEEL FREE TO ATTACH ADDITIONAL SHEETS IF NEEDED.

Describe the nature of your relationship with this inmate: _____

How long have you known this inmate: _____ Prior to their incarceration? Yes No

Where and how did the relationship develop? _____

Explain how your relationship with the inmate will assist in and contribute toward his/her rehabilitation: _____

CRIMINAL/DRIVER HISTORY CONSENT (TO BE COMPLETED BY EVERYONE)

I, _____, hereby authorize Georgia Department of Corrections to receive any criminal history information at any time pertaining to me which may be in the files of any criminal justice agency on the *National Crime Information Center/Georgia Crime Information Center (NCIC/GCIC)* network.

Social Security Number

Driver's License Number

Signature

Date

Signature of parent/guardian if under 18 years of age

Date