

**DONALD W. WYATT DETENTION FACILITY
VISITING APPLICATION**

Detainee Name: _____ Detainee #: _____

The detainee listed above has requested permission to place you on his/her approved list of visitors. To process this request, you must supply the information required on this form. If you fail to complete, sign and return this form, or if you supply false information, this visiting request will be denied. You may only visit one (1) detainee at this facility unless otherwise approved by the Warden.

ALL INFORMATION MUST BE CLEARLY PRINTED

Your first name: _____ Middle: _____ Last Name: _____

Maiden name or previously known as (if applicable): _____ DOB: _____

Street: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Your telephone number, including area code: _____ Gender: Male Female

Your relationship to the detainee: _____

Any visitor, under the age of 18, must be accompanied by an authorized adult family member of the immediate family, legal guardian or an adult properly authorized by the Department of Children, Youth and Families, who must also complete a visiting application. If you are under the age of 18, you must supply the following additional information:

If under the age of 18, full name(s) of parent(s) or guardian: _____

Parent or Guardian Address (A post office box is NOT acceptable)

Street: _____ Apt.# _____

City: _____ State: _____ Zip Code: _____

ANSWER THE FOLLOWING QUESTIONS (If additional space is needed, use back side or attach pages):

1. Have you been convicted of a crime? No Yes (If yes, charges?) _____
Where and when? _____ Sentence? _____
3. Are you on probation or parole? No Yes (If yes, explain): _____
4. Do you have any pending legal charges? No Yes (If yes, explain): _____
5. Are you a co-defendant with this detainee? No Yes (If yes, explain): _____
4. Do you visit another detainee/inmate? No Yes (If yes, explain): _____
5. Are you presently or have you ever been a victim of above named detainee? (If yes, explain): Yes No

I hereby request to be placed on this detainee's approved list of visitors. I hereby consent to and authorize the Central Falls Detention Facility Corporation (CFDFC) and all other state, county, and federal law enforcement agencies to search all available law enforcement records and indices for criminal records regarding me including but not limited to NCIC, and to protect CFDFC and its agents from all liability for receiving and utilizing this information. I also understand that supplying false information will lead to the denial of this visiting request.

Your signature: _____ Date: _____

MAIL THIS FORM TO: Donald W. Wyatt Detention Facility Attention: Programs Department
950 High Street, Central Falls, Rhode Island 02863

Or, you may bring this form to the facility and place it in the designated box which is located in the Lobby.

- FACILITY USE ONLY - DO NOT WRITE BELOW THIS LINE -

The individual's request to be placed on the detainee's visiting list is hereby: APPROVED DENIED

Reason for denial: _____

Staff Name (Print): _____ Title: _____

Staff Signature: _____ Date: _____

Entered into OMS by: _____ Date: _____