



**DONALD W. WYATT DETENTION FACILITY
NOTIFICATION TO VISITORS AND REQUEST TO VISIT DETAINEE FORM**

WN 50704
REV 3/1/2023

Date:	Officer's Name:	Time:	Housing Unit:
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TO BE COMPLETED BY INDIVIDUALS 18 YEARS OR OLDER

It is unlawful to bring upon the institution grounds any weapons, intoxicants, drugs, or other contraband. This applies to any person who provides, or attempts to provide to a detainee anything whatsoever without the knowledge and consent of the Warden. All persons entering upon these premises are subject to searches of their person, property (including vehicle), and packages. The Warden, upon reasonable suspicion that a person may be introducing contraband or demonstrating actions that might otherwise endanger the institution safety, security, or good order, may request the person, as a prerequisite to entry, to submit to a visual search, or other comparable test. A visitor may refuse a search or test, which will result in the visitor not being permitted to enter the institution. Smoking is prohibited on institutional grounds. Please advise the officer if you need life threatening medication during your visit. If so, the officer will maintain the medication at the Inner Lobby Desk.

I request to visit detainee: SID #

Print Detainee's First Name Print Detainee's Last Name

Have you ever been convicted of a felony? Yes No If yes, when?

Have you ever served time in a penal institution? Yes No If yes, when?

Are you a United States Citizen? Yes No If no, what country?

What is your relationship to the detainee?

(List all that apply: family, friend, Attorney, etc.)

Are you the official attorney of record? Yes No

If yes, are you related to the detainee you're requesting to visit? Yes No

Have you locked your vehicle? Yes No Registration # State:

I have read, I understand, and I agree to the foregoing. I also understand and agree to abide by the visiting guidelines posted in the lobby and/or provided to me by the institution. I declare that I do not have any articles in my possession, which I know to be a threat to institution security. I am aware that if I have any questions about what is authorized, I should speak to the officer. I am aware that making a false statement is unlawful and constitutes perjury, which jeopardizes my visiting privileges. By acknowledging this I consent to a criminal history and wants/warrants check to be conducted on a random basis.

I understand that the Donald W. Wyatt Detention Facility has taken measures in an attempt to maintain social distancing throughout the visit. I will not hold the facility liable if, I or the children accompanying me contract COVID-19.

**CONVERSATIONS BETWEEN DETAINEES AND VISITORS VIA THE NON-CONTACT VISITING ROOM TELEPHONES
ARE BEING RECORDED AND MAY BE MONITORED.**

Print Your First Name	Initial	Print Your Last Name	Driver's License Number	State	Date of Birth
Street Address			Attorney Bar Card Number	State of Issuance	
City/Town			State	Zip Code	List minor children (17 years or younger) and provide the officer with the child's birth certificate, notarized parent approval letter and Warden's approval letter.

Print First Name	Print Last Name	Date of Birth

Print First Name	Print Last Name	Date of Birth

By signing below I acknowledge that I have read and understand the information on this form and posted in the lobby. My signature may be deemed as my consent and knowledge that the conversations I have on the visiting room telephone with the detainee listed are recorded and may be monitored. Also, the information I have provided on this form is true and correct.

Visitor's Signature	Date

Visitor information has been updated and/or entered in the computer by:	
	Staff name