

**DONALD W. WYATT DETENTION FACILITY  
OFFENDER/EX-OFFENDER VISITING APPLICATION**

Donald W. Wyatt Detention Facility, Office of the Warden  
950 High Street  
Central Falls, RI 02863

Date: \_\_\_\_\_

Dear Warden,

I would like permission to visit with detainee \_\_\_\_\_ housed at the  
(Print Detainee's Full Name)

Donald W. Wyatt Detention Facility. I have previously been either charged with or convicted of a crime.

Below is my personal information that you have requested: (PRINT ALL INFORMATION CLEARLY)

Print First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Print Last Name: \_\_\_\_\_

Print Maiden Name: \_\_\_\_\_ Print Alias: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_ Phone Number \_\_\_\_\_

LIST ALL CHARGES AND/OR CONVICTIONS (If additional space is necessary, attach on separate paper.)

Charge/Conviction	Court & Arresting Agency	Date	Final Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you currently on probation or parole?  Yes  No

What, if any, is your relationship to the above detainee? \_\_\_\_\_

Are you a co-defendant with the above detainee?  Yes  No

I hereby consent to and authorize Central Falls Detention Facility Corporation 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 Central Falls Detention Facility Corporation and its agents from all liability for receiving and utilizing this information.

Signature: \_\_\_\_\_

*After completion of the above, mail this form to the Warden at the address listed above.*

Permission to visit:  APPROVED  
 DENIED

Warden's Signature \_\_\_\_\_

RESTRICTIONS:

CC: Major Programs  Lobby Visitation  Shift Supervisors 6 part file