

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

Date:	Officer's Name:	Time:	Housing/Pod:		
<b>TO BE COMPLETED BY INDIVIDUALS 18 YEARS OR OLDER</b>					
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. Is so the Officer will maintain the medication at the Inner Lobby Desk.					
I request to visit detainee	Print Detainee's First Name			Print Detainee's Last Name	SID #
Have you ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, when?		
Have you ever served time in a penal institution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, when?		
What is your relationship to the detainee? (List all that apply: family, friend, Attorney, etc.)					
Are you the official Attorney of record?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, are you related to the detainee you're requesting to visit?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you locked your vehicle?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.					
<b><u>CONVERSATIONS BETWEEN DETAINEE'S AND VISITORS VIA THE NON-CONTACT VISITING ROOM TELEPHONES ARE BEING RECORDED AND MAY BE MONITORED.</u></b>					
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 Signature			Date		
Visitor information has been updated and/or entered in the computer by: (Staff Name)					