





Donald W. Wyatt Detention Facility

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

General Land, Itt 02000				Date:	
Dear Warden,					
I would like permission to visit with detainee					housed at the
	,		's Full Name)		
Donald W. Wyatt Detention Facility. I have previous					
Below is my personal information that you have re	*			RLY)	
First Name (print):	Middle Initial:	Last N	lame rint):		
(print):	minuai.	(þi			
Print Maiden Name:	Print	Alias:			
Address					
City	State		Zip	Code	
Date of Birth		Place of Birt			
Social Security #	NAME OF THE PARTY	Phone Num		.1	
LIST ALL CHARGES AND/OR CO. <u>Charge/Conviction</u> Cour	nvictions (if addition to the street to the	iai space is i <u>Da</u>	•	cn on separate pa <u>Final Dis</u>	
Gharge/ Gonvietion Gour	t a micsting rigency	Da	<u>tc</u>	1 mai Dis	<u>sposition</u>
		<u> </u>			
Are you currently on probation or parole?		Yes \square	No		
What, if any, is your relationship to the above	detainee?				
Are you a co-defendant with the above detain		Yes 🔲	No		
				1.6	
I hereby consent to and authorize Central Falls agencies to search all available law enforcement re-					
to protect Central Falls Detention Facility Corpora					
	_		_	_	
8	nature:				
After completion o	of the above, mail this form to	the Warden at	t the address listed	above.	
☐ App	ROVED				
Permission to visit:	JIED				
_ 22.		Ward	len's Signature		Date
					1
RESTRICTIONS:					