



**NOTIFICATION TO VISITORS AND REQUEST TO VISIT DETAINEE**  
**Donald W. Wyatt Detention Facility**

WN 50704a  
 REV 8/26/2025

Date:	Officer's Name:	Time:	Housing Unit:
-------	-----------------	-------	---------------

**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 require the Facility to store your important personal medication for you during your visit. If so, the officer will maintain the medication at the inner lobby desk.

I request to visit detainee: \_\_\_\_\_ SID # \_\_\_\_\_

Detainee's First Name (print) \_\_\_\_\_ Detainee's Last Name (print) \_\_\_\_\_

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?

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

I have read, understand, and 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 with 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.

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

Your First Name (print)	Initial	Your Last Name (print)	Driver's License Number	State	Date of Birth
Street Address		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.**

First Name (print)	Last Name (print)	Date of Birth
First Name (print)	Last Name (print)	Date of Birth
First Name (print)	Last Name (print)	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	Time In	Time Out

The visit and any pertinent information has been updated and/or entered in the computer by: \_\_\_\_\_  
Staff Name