



VISITOR'S APPLICATION

Offender Name	DOC Number	Facility
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Please send this application to the attention of visit personnel at the facility where the offender is housed. DO NOT RETURN TO OFFENDER.

You will be notified by the offender if and when you are approved to visit. If you are approved for visits, you should be aware that specific dress standards apply. Prior to your first visit at any facility, please check with the offender, facility, or at www.doc.wa.gov for Visitor's Guidelines.

If you have already submitted an electronic application, please do not submit a paper application unless instructed by visit personnel.

READ CAREFULLY: All questions MUST be answered. Any omission or falsification of this questionnaire will be sufficient reason to deny or cancel visiting privileges. If you are under the age of 18, you must have notarized written consent from your parent or legal guardian to visit. Minors must be accompanied during the visit by a parent or legal guardian.

Name (First, MI, Last)		Date of Birth		Place of Birth	
Address (Street)		(City)	(State)	(Zip code)	
Telephone Number ()	Social Security Number*	ID Type	ID Number		
Alias, Maiden or Other Names					
Height	Weight	Eyes	Hair	Gender	Race
Email Address					

Relationship to Offender: I am the offender's	(e.g., mother, wife, friend etc.)
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Have you ever been involved in illegal or criminal activity with this offender? ☐ Yes ☐ No. If "yes", when and where?

Are you presently under active supervision by any state or local criminal justice entity? ☐ Yes ☐ No

If "yes", you must be an immediate family member and submit with this questionnaire written permission to visit from your supervising authority.

Are you presently approved to visit any other offender?
☐ Yes ☐ No. If "yes", please list name, date, DOC number, relationship, and location:

Have you ever been approved to visit any other offender?
☐ Yes ☐ No. If "yes", please list name, date, DOC number, relationship, and location:

NOTE: You may not visit offenders at more than one facility unless you have the approval of the superintendent's of the applicable facilities.

*Your Social Security Number is requested under the authority granted to a Superintendent pursuant to RCW 72.02.045 and will be used to perform a background check to ensure that you meet the criteria and eligibility for entering an adult correctional facility. Disclosure of your Social Security Number is mandatory if you wish to be granted visitation privileges. Information received may be shared with other law enforcement agencies when appropriate.

Have you ever been convicted of a felony? ☐ Yes ☐ No.
If "yes", when and where?

Are you now or have you ever been employed by the Washington Department of Corrections (DOC) or by a current/former contractor or volunteered for DOC? ☐ Yes ☐ No ☐ Unknown. If "yes", where did you work and when?

Have you ever been incarcerated in the Department of Corrections?

☐ Yes ☐ No Release Date: _____

Number of months you have known offender. _____

Have you ever been denied visiting privileges at a Department of Corrections facility? ☐ Yes ☐ No. If "yes", when, where and why?

IN CASE OF EMERGENCY, CALL:

NAME

TELEPHONE NUMBER

MEDICAL INFORMATION (Optional)

I understand that a background check will be conducted, including arrests and convictions. I understand that untruthful or misleading answers or deliberate omissions will be cause for rejection of my application, removal of my name from eligible visitor lists, or termination of my visiting privileges, if approved.

SEARCH OF VISITORS: To prevent possible delivery of weapons, controlled substances, or contraband to offenders, all visitors are subject to pat, strip, electronic, locker, vehicle, and canine searches and inspections of any purses, packages, briefcases, or similar containers which are brought onto the premises or the facility grounds.

REFUSAL TO BE SEARCHED: A visitor has the option of refusing to be searched, but may then be removed from the facility and denied visiting rights or entrance to the facility for a period not to exceed 90 days. If a visitor refuses to be searched on more than one instance, their visiting rights may be denied permanently.

I, the undersigned, understand the search procedures written above and hereby grant authority to the facility to search my person or property in compliance with these procedures.

Signature (parent /guardian signature if application is for a minor)

Date

DO NOT WRITE BELOW THIS LINE

OMNI Quick Search _____
Date

NCIC _____
Date

DISCIS _____
Date

WACIC _____
Date

☐ Approved ☐ Denied _____
Date

Reason:

Entered into Info Port

By _____
Date _____

Signature

Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 00-03, RCW 42.56, and RCW 40.14