

# ARIZONA DEPARTMENT OF CORRECTIONS

Visitors, Please Print All Information

## Visitor's Sign In

<b>Inmate Name</b> <i>(Last, First M.I.)</i>	<b>ADC Number</b>
--	-------------------

<b>Name</b> <i>(Last, First M.I.)</i>		<b>Date of Birth</b>	
<b>Address</b> <i>(Street)</i>	<b>City</b>	<b>State</b>	<b>ZIP Code</b>
<b>Signature</b>		<b>Picture I.D. Number</b>	

<b>Name</b> <i>(Last, First M.I.)</i>		<b>Date of Birth</b>	
<b>Address</b> <i>(Street)</i>	<b>City</b>	<b>State</b>	<b>ZIP Code</b>
<b>Signature</b>		<b>Picture I.D. Number</b>	

<b>Name</b> <i>(Last, First M.I.)</i>		<b>Date of Birth</b>	
<b>Address</b> <i>(Street)</i>	<b>City</b>	<b>State</b>	<b>ZIP Code</b>
<b>Signature</b>		<b>Picture I.D. Number</b>	

<b>Name</b> <i>(Last, First M.I.)</i>		<b>Date of Birth</b>	
<b>Address</b> <i>(Street)</i>	<b>City</b>	<b>State</b>	<b>ZIP Code</b>
<b>Signature</b>		<b>Picture I.D. Number</b>	

<b>Name</b> <i>(Last, First M.I.)</i>		<b>Date of Birth</b>	
<b>Address</b> <i>(Street)</i>	<b>City</b>	<b>State</b>	<b>ZIP Code</b>
<b>Signature</b>		<b>Picture I.D. Number</b>	

<b>Name</b> <i>(Last, First M.I.)</i>		<b>Date of Birth</b>	
<b>Address</b> <i>(Street)</i>	<b>City</b>	<b>State</b>	<b>ZIP Code</b>
<b>Signature</b>		<b>Picture I.D. Number</b>	

----- **OFFICE USE ONLY** -----

<input type="checkbox"/> <b>Contact</b>	<input type="checkbox"/> <b>Non-Contact</b>	<b>Time In</b> _____	<input type="checkbox"/> <b>A.M.</b>	<input type="checkbox"/> <b>P.M.</b>	<b>Time Out</b> _____	<input type="checkbox"/> <b>A.M.</b>	<input type="checkbox"/> <b>P.M.</b>
<b>Visitation Officer's Signature</b>					<b>Date</b>		

Persons with a disability may request a reasonable accommodation such as a sign language interpreter, by contacting the Department. Requests should be made as early as possible to allow time to arrange the accommodation.

This document available in alternate formats upon request.

# Notice-Warning

Any person who takes into or out of or attempts to take into or out of this institution or the grounds belonging to or adjacent to this institution, any item not specifically authorized by this institution shall be prosecuted under the provisions of the Arizona Revised Statutes, ARS 31-230, 31-231.

ALL PERSONS, including employees and visitors are subject to searches of their persons, property or packages.

**"I HAVE READ AND UNDERSTAND THE NOTICE REGARDING THE GIVING OF MY CONSENT TO SEARCHES OF MY PERSON, PROPERTY OR PACKAGES."**

Visitor Signature	Date
Visitor Signature	Date
Visitor Signature	Date
Visitor Signature	Date
Visitor Signature	Date
Visitor Signature	Date

## AVISO

Qualquier persona entrando a esta institucion, con intenciones de presentar, o llevar cualquier cosa de la institucion, o de el terreno al rededor de la institucion, sin permiso autorizado por esta institucion, sera procesado entre la Ley Revisado de Arizona ARS 31-230, 31-231.

TODAS PERSONAS, incluyendo empleados y visitantes, sedan obligados y subjectados a una investigacion de su persona, propiedad y paquetes.

**"He leido y entiendo la noticia en el respeto y obrar de conciento de investigacion a mi persona, propiedad y paquetes."**

Firma	Fecha
Firma	Fecha
Firma	Fecha
Firma	Fecha
Firma	Fecha
Firma	Fecha