



4. CRIMINAL HISTORY

HAVE YOU EVER BEEN ARRESTED? YES \_\_\_\_\_ NO \_\_\_\_\_ (If yes complete the following section; attach additional sheet if necessary)

| <i>CHARGE</i> | <i>APPROXIMATE DATE</i> | <i>DISPOSITION</i> | <i>CITY / STATE</i> |
|---------------|-------------------------|--------------------|---------------------|
| _____         | _____                   | _____              | _____               |
| _____         | _____                   | _____              | _____               |
| _____         | _____                   | _____              | _____               |
| _____         | _____                   | _____              | _____               |

ARE YOU CURRENTLY ON PROBATION / PAROLE? \_\_\_\_\_ If yes what State? \_\_\_\_\_

5. INMATE RELATIONSHIPS

HOW LONG HAVE YOU KNOWN INMATE? \_\_\_\_\_ RELATIONSHIP TO INMATE? \_\_\_\_\_

DO YOU NOW OR HAVE YOU EVER VISITED OR CORRESPONDED WITH ANOTHER NEVADA DEPARTMENT OF CORRECTIONS INMATE? \_\_\_\_\_

(If yes complete the following section)

| <i>NAME AND NUMBER</i> | <i>RELATIONSHIP</i> | <i>INDICATE WHETHER YOU WRITE OR VISIT</i> |
|------------------------|---------------------|--|
| _____                  | _____               | _____                                      |
| _____                  | _____               | _____                                      |
| _____                  | _____               | _____                                      |

6. AUTHORIZATION

I have read, understand and agree to comply with the visiting rules of the Nevada Department of Corrections. I hereby authorize the Department of Corrections to verify the criminal history information provided by me on this application.

APPLICANTS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\*\*\*\*\*If you are under 18 years of age, visiting approval will require the approval of your parent or guardian. Their signature MUST be notarized\*\*\*\*\*

SIGNATURE PARENT OR GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

State of \_\_\_\_\_, County of \_\_\_\_\_

Signed and sworn to before me on \_\_\_\_\_ by \_\_\_\_\_  
(Date) (Print name of person making statement)

\_\_\_\_\_  
Notary Stamp:

(Signature of notarial officer)

\_\_\_\_\_  
DATE \_\_\_\_\_

AGENCY AUTHORIZATION FOR RECORDS CHECK DATE \_\_\_\_\_

7. APPLICATION REVIEW

APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE VISITING OFFICER DATE