

**NEVADA DEPARTMENT OF CORRECTIONS
INMATE APPLICATION FOR VISITING PRIVILEGES**

Please answer the following questions regarding your proposed visitor - Print Clearly

NAME: _____
(First) (Middle) (Last) (Date of Birth – MM/DD/YY)

ADDRESS: _____
(Number and Street) (City) (State and Zip Code)

1) Relationship to inmate: Example Parent/Sibling/Spouse/Child/Friend _____

2) Length of time known: _____

3) Marital Status: Single Married Domestic Partnership Separated Divorced Widowed

4) Has this person ever been arrested? Yes No

If yes, state charge(s): _____

5) Currently on: Probation Parole Incarcerated None of these

If yes, what County and State: _____

I hereby submit this application for visiting privileges with the above named person. I attest that the information provided is true and accurate to the best of my knowledge. I understand that any omissions or false statements may result in this application being denied.

Inmate Signature: _____ **Date:** _____

Inmate Name – PRINT _____ **DOC#** _____

DO NOT WRITE BELOW THIS LINE

APPROVED: YES NO

SIGNATURE: _____ DATE: _____

(TENATIVE APPROVAL)

SIGNATURE: _____ DATE: _____

(FINAL APPROVAL)

DENIED: REASON FOR DENIAL _____

SIGNATURE: _____ DATE: _____

DOC 3000: DATE MAILED: _____ MAILED BY: _____ DATE RETURNED: _____

VISITING CARD: DATE POSTED: _____ POSTED BY: _____