

New Application _____
 Update Application _____



TENNESSEE DEPARTMENT OF CORRECTION
VISITATION APPLICATION

_____ **Inmate Name** _____ **TDOC ID** _____ **Institution**

READ CAREFULLY: All questions must be answered. Any omissions or falsifications, including relationship and prior convictions, will be considered sufficient reason to deny approval or to withdraw approval of the visitor. Please attach recent photograph in lower left-hand corner or application will not be processed. Return this form to the warden of the above noted institution. This application will become part of the inmate's institutional record under the provision of T.C.A. 4-3-606 and 4-6-140. It will be considered a public record available for review by the general public, subject to the procedures established in the above cited statutes. All visitor applicants are subject to a NCIC background check. Applications must be updated every two years (24 months).

_____ **Last Name** _____ **First Name** _____ **Middle Name**

_____ **Address** _____ **City** _____ **State & Zip**

_____ **Telephone Number** _____ **Male** or **Female** _____ **Married** **Single** **Divorced**
Marital Status

_____ **Height** _____ **Weight** _____ **Date of Birth** _____ **Driver's License # and State of Issue**

Race	Hair Color	Eye Color	Complexion
<input type="checkbox"/> A (Asian or Pacific Islander) <input type="checkbox"/> B (Black) <input type="checkbox"/> H (Hispanic) <input type="checkbox"/> I (American Indian/Alaskan Native) <input type="checkbox"/> W (White)	<input type="checkbox"/> BLN (Blonde/Strawberry) <input type="checkbox"/> BAL (Bald) <input type="checkbox"/> GRY (Gray/Partially Gray) <input type="checkbox"/> BLK (Black) <input type="checkbox"/> RED (Red/Auburn) <input type="checkbox"/> BRO (Brown) <input type="checkbox"/> SDY (Sandy) <input type="checkbox"/> WHI (White)	<input type="checkbox"/> BLK (Black) BLU (Blue) <input type="checkbox"/> BRO (Brown) <input type="checkbox"/> GRN (Green) <input type="checkbox"/> GRY (Gray) <input type="checkbox"/> HAZ (Hazel) <input type="checkbox"/> MUL (Multicolored)	<input type="checkbox"/> ALB (Albino) <input type="checkbox"/> FAR (Fair) <input type="checkbox"/> BLK (Black) LBR (Light Brown) <input type="checkbox"/> DRB (Dark Brown) <input type="checkbox"/> LGT (Light) <input type="checkbox"/> MBR (Medium Brown) DRK (Dark)

Relationship to Inmate

<input type="checkbox"/> AP (Adoptive Parent)	<input type="checkbox"/> DA (Daughter)	<input type="checkbox"/> FR (Friend)	<input type="checkbox"/> HS (Half Sister)	<input type="checkbox"/> NI (Niece)	<input type="checkbox"/> SM (Step Mother)	<input type="checkbox"/> WI (Wife)
<input type="checkbox"/> AU (Aunt)	<input type="checkbox"/> DI (Daughter-in-Law)	<input type="checkbox"/> GD (Granddaughter)	<input type="checkbox"/> HU (Husband)	<input type="checkbox"/> SB (Step Brother)	<input type="checkbox"/> SN (Son)	
<input type="checkbox"/> BL (Brother-in-Law)	<input type="checkbox"/> FA (Father)	<input type="checkbox"/> GF (Grandfather)	<input type="checkbox"/> LG (Legal Guardian)	<input type="checkbox"/> SD (Step Daughter)	<input type="checkbox"/> SO (Son-in-Law)	
<input type="checkbox"/> BR (Brother)	<input type="checkbox"/> FC (Foster Child)	<input type="checkbox"/> GM (Grandmother)	<input type="checkbox"/> ML (Mother-in-Law)	<input type="checkbox"/> SF (Step Father)	<input type="checkbox"/> SR (Step Sister)	
<input type="checkbox"/> CL (Clergy)	<input type="checkbox"/> FL (Father-in-Law)	<input type="checkbox"/> GS (Grandson)	<input type="checkbox"/> MO (Mother)	<input type="checkbox"/> SF (Step Father)	<input type="checkbox"/> SS (Step Son)	
<input type="checkbox"/> CO (Cousin)	<input type="checkbox"/> FP (Foster Parent)	<input type="checkbox"/> HB (Half Brother)	<input type="checkbox"/> NE (Nephew)	<input type="checkbox"/> SI (Sister)	<input type="checkbox"/> UN (Uncle)	
				<input type="checkbox"/> SL (Sister-in-Law)		

Are you currently on the visiting list of an inmate confined in the Tennessee Department of Correction? _____ Yes _____ No

If yes, what is his/her name: _____ TDOC ID: _____ Relationship: _____

Are you now, or have you ever been an employee or contract employee of the TDOC? _____ Yes _____ No. If yes, when? _____

Have you ever been suspended from visitation? _____ Yes _____ No. If yes, list reason below: _____

Have you ever been convicted of a felony? _____ Yes _____ No. If yes, please list offense(s), date, location disposition/sentence and TDOC ID if applicable: _____

If you have a prosthetic device, pacemaker or defibrillator, you may be required to submit a copy of a physician statement.

<p>Attach a recent photo of yourself only here. Photo must be of quality that can be used for identification purposes. No black & white photographs or pictures copied from copy machine.</p>	<p>YOUR SIGNATURE: _____ DATE: _____</p> <p>If you are under 18 years of age, your parent or legal guardian's approval must be indicated by notarized signature. If signed by legal guardian, a copy of certified court order granting guardianship must be attached.</p> <p><i>Visitors' handbooks are available upon receipt of a self-addressed stamped envelope with this application.</i></p>
	<p>____ Approved _____ Disapproved _____ DATE: _____</p> <p style="text-align: center;">Warden/ Superintendent/Designee</p>
	<p>____ Approved _____ Disapproved _____ DATE: _____</p> <p style="text-align: center;">Warden/Superintendent Signature (required only if disapproved by designee)</p>



TENNESSEE DEPARTMENT OF CORRECTION
VISITATION APPLICATION

PARENTAL CONSENT/RELEASE FOR MINOR'S VISITATION (For children under 18 years of age, please fill out completely, have notarized by a notary public, lawyer, or local postal official)

Inmate Name

TDOC ID

Institution

This form must be completed by the custodial parent/legal guardian and properly notarized for minor children (under 18 years of age) to visit an inmate when the custodial parent/legal guardian is unable, or unwilling to visit and accompany the minor child. The child may visit only with the authorized person named below, who is over 18 years of age and who must also be on the approved visitation list of the inmate they wish to visit. Permission is granted for the child to be searched.

Minor's Name

Date of Birth

Relationship of Child to Inmate

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Approved Escort/Guardian

Guardian's Date of Birth

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signature of Custodial Parent/Legal Guardian

Date

STATEMENT OF NOTARY PUBLIC

Subscribed to, and sworn before me on this _____ day of _____ 20 _____.

My commission expires on _____.

Notary Public

xc: Visitation File
Inmate