

**WV Division of Corrections & Rehabilitation
Bureau of Juvenile Services**

1409 Greenbrier Street
Charleston, WV 25311
Phone: 304 558-2036
Fax: 304 558-6032

**If you have completed this form for the same offender at another juvenile facility, DO NOT COMPLETE FORM AGAIN unless it is 1 year old. Please contact the facility where offender is located.

The Superintendent has the authority to deny your visit even if your background check has been approved. Please contact the facility where the offender is located for background check approval and to schedule visits.

VISITING REQUEST

1. OFFENDER NAME: _____ 1a. FACILITY NAME _____ 2. DJS # _____

3. VISITOR'S FULL NAME : _____ 3a. DATE _____
(First) (Middle) (Last)

4. MAILING ADDRESS: _____
Street City State Zip Code

5. PHYSICAL ADDRESS IF DIFFERENT FROM ABOVE: _____

6. TELEPHONE NUMBER: () _____

7. DATE OF BIRTH: (Month/Day/Year) _____ 7a. Race: _____ 7b. Sex: _____

8. PLACE OF BIRTH _____ 8a. SOCIAL SECURITY # _____

9. MAIDEN NAME (if applicable) _____

10. EYE COLOR: _____ 10a. HAIR COLOR: _____ 10b. WEIGHT: _____ 10c. HEIGHT: _____

11. RELATIONSHIP TO OFFENDER _____

12. ARE YOU RELATED TO ANY OTHER OFFENDER(S) AT ANY JUVENILE FACILITY? YES NO
(IF YES, PLEASE COMPLETE THE FOLLOWING):

12a. OFFENDERS NAME _____ 12b. DJS NO: _____

12c. OFFENDERS NAME _____ 12d. DJS NO: _____

13. ARE YOU VISITING ANY OTHER OFFENDER(S) AT ANY OTHER JUVENILES FACILITY AT THE PRESENT TIME? YES NO

13a. OFFENDERS NAME: _____ 13b. DJS NO: _____

13c. OFFENDERS NAME: _____ 13d. DJS NO: _____

13e. OFFENDERS NAME: _____ 13f. DJS NO: _____

14. ARE YOU CURRENTLY UNDER INDICTMENT FOR A CRIME? ____ YES ____ NO

14 a. IF YES, PLEASE EXPLAIN THE CIRCUMSTANCES.

15. HAVE YOU EVER BEEN CONVICTED OF A FELONY? ____ YES ____ NO

15a. IF YES, PLEASE STATE DATE OF CONVICTION, CRIME(S) FOR WHICH CONVICTED, SENTENCE, WHAT FACILITY YOU WERE COMMITTED TO, AND RELEASED FROM: _____

16. WERE YOU OR ANY CHILDREN UNDER THE AGE OF 18 A VICTIM OF THIS OFFENDER(S) CRIME? ____ YES ____ NO

16a. IF YES, PLEASE STATE THE CIRCUMSTANCES:

17. ARE YOU NOW ON PROBATION/PAROLE? ____ YES ____ NO

17a. IF YES, STATE WHY YOU ARE ON PROBATION/PAROLE: WHEN YOU WILL DISCHARGE FROM PROBATION/PAROLE AND THE NAME AND TELEPHONE NUMBER OF YOUR PROBATION/PAROLE OFFICER:

18. CHILDREN UNDER THE AGE OF 18: YOU MAY ONLY APPLY FOR CHILDREN IF YOU ARE ABLE TO PROVIDE PROOF THAT YOU ARE THEIR PARENT OR LEGAL GUARDIAN. THE PARENT/LEGAL GUARDIAN OF THE CHILD MUST BE ON THE OFFENDER(S) APPROVED VISITING LIST BEFORE ANYONE ELSE MAY BRING IN A CHILD. IF ANYONE OTHER THAN THE PARENT/LEGAL GUARDIAN WISHES TO BRING A CHILD INTO THE COMPLEX, THEY MUST HAVE A NOTARIZED PERMISSION SLIP FROM THE PARENT/LEGAL GUARDIAN.

NAME	BIRTHDAY	AGE	RELATIONSHIP TO VISTOR	RELATIONSHIP TO OFFENDER

19. **CERTIFICATION:** I HEREBY AFFIRM THAT ALL ANSWERS TO THE ABOVE QUESTIONS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND ACKNOWLEDGE THAT THEY MAY BE UTILIZED FOR THE PURPOSE OF CONDUCTING A BACKGROUND CHECK.

SIGNATURE _____ DATE _____

*** Please mail completed request to: **WV Division of Corrections & Rehabilitation**
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