

**IDAHO DEPARTMENT OF CORRECTION
Visiting Application (Adult)**

Offender's Name: _____ IDOC Number: _____ Unit: _____

Applications must be renewed yearly (prison facilities) **or** every two (CWCs). Is this a renewal application? Yes No

Read carefully. Your complete name is mandatory. Answer all questions. If a question does not apply, write 'NA'. If you do not know the answer, explain as best you can. Use additional paper if necessary.

1. Your Name: _____
(Last) (First) (Middle)

2. Other Names Used: _____

3. Date of Birth: _____ SSN: _____
(mm/dd/yyyy)

4. Place of Birth: City: _____ State: _____

5. Gender: Male Female

6. Driver's License/State ID number: _____ State issued: _____

7. Eye Color: _____ Hair color: _____ Weight: _____ Height: _____ Race: _____

8. Present Street Address: _____

(City) (State) (Zip)

9. Telephone Number: _____ All Other States Lived In: _____

10. What is your relationship to the offender? _____
(Mother, father, spouse, girlfriend/boyfriend, son, daughter, etc. **Only list 'spouse' if legally married.**)

11. How long have you known the offender and how did you meet? _____

12. Have you visited another offender within the last year? Yes No

13. What is the other offender's name and your relationship with the offender? _____

14. Do you currently visit another offender? Yes No
Offender's Name: _____ IDOC Number: _____
What is your relationship with the offender? _____

15. Have you ever been employed by the Idaho Department of Correction (IDOC)? Yes No

16. Have you ever been a volunteer for IDOC? Yes No

17. Have you ever been a contractor, vendor, or intern for IDOC? Yes No
If yes, give dates and locations: _____

18. Are you on probation or parole? Yes No
If yes, where: _____
What is your probation and parole officer's name? _____

19. Have you ever been a victim of a crime? Yes No
If yes, crime: _____ When: _____
Name of the offender: _____

20. Who are you employed by? _____ Telephone number: _____

21. Employer's address: _____

22. Do you have any pending criminal charges? Yes No
Charge: _____

I understand that missing or false information may delay or result in a denial of my application. I have read and agree to follow the IDOC's visiting rules.

Signature of Applicant (If 18 years of age or older)

Date

Note: If the applicant is under 18 years of age, the parent or guardian accompanying the child on the visit must also submit the following: (a) appendix C, *Visiting Application (Minor Child)*, and (b) a certified copy of the child's birth certificate. In addition, **Guardians** must also submit a copy of the court order granting legal guardianship (or appendix D, *Power of Attorney Delegating Limited Powers for Visitation*).

Staff Use Only		
Background Check: Criminal record: <input type="checkbox"/> No criminal record: <input type="checkbox"/> Comments: _____	Approval Authority: _____ _____	Appellate Authority: Approved: <input type="checkbox"/> Denied: <input type="checkbox"/> Date: _____