

Bristol County Sheriff's Department

Request to Visit Form

The data supplied on this application will be used to obtain information, including criminal offender record Information (CORI M.G.L. Chapter 6, sections 167-178). Do not leave questions blank-enter N/A if not applicable.

Mail completed forms to: BCSO

**Attention: Communications Division
400 Faunce Corner Road
North Dartmouth, MA 02747**

Date: _____ Phone #: _____

Name: _____
Print Last First Middle

Address: _____
Number Street Name City/ State

Date of birth: _____ Place of birth: _____

Drivers License Number: _____

Permission to Visit with:

_____ ID #

Relationship to inmate: _____ Spouse _____ Parent _____ Child _____ Sibling _____ Grandparent
_____ Cousin _____ Significant other _____ Friend _____ Other: _____

(Please specify)

PLEASE ANSWER ALL QUESTIONS:

1. Have you ever been convicted of a felony? () Yes () No
If yes, a felony application needs to be completed prior to visiting
2. Are you presently on probation or parole? () Yes () No
3. Have you ever been sentenced to a penal institution? () Yes () No
4. List any and all arrests, including out of state (year, arresting agency, charge)

For Communications Purpose Only.
_____ Date
_____ Disp.Initials
<input type="checkbox"/> BOP
<input type="checkbox"/> Warrant
<input type="checkbox"/> No Disposition
<input type="checkbox"/> Other _____

To be completed by BCSO personnel

A copy of this section is to be provided to the inmate so he or she may notify his/her visitor of the approval or denial.

To: _____ Inmate Name ID # Date
Name of visitor: _____
After reviewing this visit request and all relevant information, I have decided to () Approve this request () Deny this request
REASON FOR DENIAL: _____
_____ Facility Deputy Superintendent or designee signature Date