

**Bristol County Sheriff's Office**

**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: \_\_\_\_\_  
(Print) Number Street Name City/State

Driver's License Number (Please include state) \_\_\_\_\_

Email Address (optional, for notification purposes): \_\_\_\_\_

Requesting Permission to Visit with:

\_\_\_\_\_  
(Print) Name of Inmate CIN

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, please provide a statement of the crime for which you were convicted and the sentence served:  
\_\_\_\_\_
- 2. Are you presently on probation or parole? ( ) Yes ( ) No

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

I confirm that the information on this form is accurate to my knowledge, and I hereby consent to a background check.

(Your Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

To: _____	Date: _____
Your request to visit inmate _____ Has been ( ) APPROVED ( ) DENIED	
All denied visitors may seek a review or reconsideration of the barring, suspension or restrictions by submitting a letter to: <b>Superintendent Joseph Oliver III 400 Faunce Corner Road Dartmouth, MA 02747</b> All requests for review will be answered in writing by the Superintendent.	
<p style="text-align: center;"><b><u>Reason for Denial</u></b></p> <input type="checkbox"/> Not on Visiting List <input type="checkbox"/> Legal <input type="checkbox"/> Violation of Policy <input type="checkbox"/> Other: _____	