Inmate Name ___________________________ TDOC # ___________________________ 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.

Last Name ___________________________ First Name ___________________________ Middle Name ___________________________

Address ___________________________ City ___________________________ State & Zip ___________________________

Male or Female (circle one) ___________________________ Married Single Divorced ___________________________

Telephone Number ___________________________

Height ___________________________ Weight ___________________________ Date of Birth ___________________________

Race (circle one) ___________________________ Hair Color (circle one) ___________________________ Eye Color (circle one) ___________________________ Complexion (circle one) ___________________________

A (Asian or Pacific Islander) ___________________________ BLN (Blonde/Strawberry) ___________________________ BLK (Black) ___________________________ ALB (Albino) ___________________________
B (Black) ___________________________ GRY (Gray/Partially Gray) ___________________________ BLK (Black) ___________________________ FAR (Fair) ___________________________
H (Hispanic) ___________________________ RED (Red/Auburn) ___________________________ BRO (Brown) ___________________________ BLK (Black) ___________________________
I (American Indian/Alaskan Native) ___________________________ SDY (Sandy) ___________________________ GRY (Gray) ___________________________ BLK (Black) ___________________________
W (White) ___________________________ WHI (White) ___________________________ HAZ (Hazel) ___________________________ BLY (Blond) ___________________________

Relationship to Inmate (circle one) ___________________________

AP (Adoptive Parent) ___________________________ DA (Daughter) ___________________________ FR (Friend) ___________________________ HS (Half Sister) ___________________________
AU (Aunt) ___________________________ DI (Daughter-in-Law) ___________________________ GD (Granddaughter) ___________________________ HU (Husband) ___________________________
BL (Brother-in-Law) ___________________________ FA (Father) ___________________________ GF (Grandfather) ___________________________ LG (Legal Guardian) ___________________________
BR (Brother) ___________________________ FC (Foster Child) ___________________________ GM (Grandmother) ___________________________ ML (Mother-in-Law) ___________________________
CL (Clergy) ___________________________ FL (Father-in-Law) ___________________________ GS (Grandson) ___________________________ MO (Mother) ___________________________
CO (Cousin) ___________________________ FP (Foster Parent) ___________________________ HB (Half Brother) ___________________________ NE (Nephew) ___________________________

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 #: _______________

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 number if applicable: _______________

Are you required to carry a pager? ______ Yes ______ No ______

If yes please state why: _______________

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

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.

YOUR SIGNATURE ___________________________ DATE ___________________________

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.

Visitors’ handbooks are available upon receipt of a self-addressed stamped envelope with this application.

___ Approved _____ Disapproved ___________________________ DATE: ___________________________

Warden’s Designee ___________________________ DATE: ___________________________

___ Approved _____ Disapproved ___________________________ DATE: ___________________________

Warden’s Signature (required only if disapproved by designee) ___________________________ DATE: ___________________________
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 # __________________________ 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
TENNESSEE DEPARTMENT OF CORRECTIONS
CONTACT VISITATION WITH MINORS AGREEMENT

INSTITUTION

I, ________________________________, TDOC # ____________________________, agree to the following rules of conduct during visits with children under the age of 18:

1. Absolutely no visitation with the victim(s) or alleged victim(s) of my crimes of conviction without documented approval by the institution’s mental health authority, and Warden.

2. Physical contact with a child is limited to an appropriate initial greeting and parting goodbye gesture. For example, an appropriate hug or kiss on the cheek.

3. No prolonged handling or touching of the child is allowed.

4. No kissing of the child on the mouth.

5. No sitting of the child on the lap.

6. No contact with a child of other visitors.

7. No whispering, passing notes, swearing, spanking, hitting, threatening, or use of foreign language or other words unfamiliar to visitation security staff.

8. All child visitors must be in direct sight of visitation security staff at all times.

9. No changing diapers or other assistance in personal hygiene or intimate dressing activity.

10. The parent/guardian is responsible for managing the behavior of the child.

11. All directions given by visitation security staff, and the rules of this agreement, must be followed by inmate visitor without disagreement at the time of visitation or in the presence of the child.

12. Any specific visit, as well as my privilege to have contact visits with a child under the age of 18, may be terminated if any of the above guidelines are violated; or if the visiting child, or caretaker is unduly distressed from the visit.

_____________________________  ________________________________
Offender Signature        Custodial Parent or Legal Guardian
of Visitor Under 18 Years of Age

_____________________________  ________________________________
Witness & Job Title          Date

CR-3619 (Rev. 12-03)
Original-Inmate Institutional Record  Canary-Visitation File
Pink-Custodial Parent or Legal Guardian of Visitor Under 18 Years of Age