

ILLINOIS DEPARTMENT OF CORRECTIONS  
Prospective Visitor's Interview

Facility

Date Form Completed

E-mail address to send to facility: (select a facility to view)

Form may also be printed and mailed to facility.

**Visitor must complete all blanks up to the box labeled "For Official Use Only".**

<b>Individual in Custody Visiting:</b>	Name: _____	ID #: _____
<b>Visitor Information:</b>	Last Name: _____ First: _____ Middle: _____	
Other names used (include maiden name): _____		
Current Home Address: _____ (Street and Apartment #) (City) (State) (Zip Code)		
Last 4 of Visitor's SSN: _____ Phone Number: _____ E-Mail: _____		
Place of Employment: _____ Date of birth: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female		
Height: ____ ft. ____ in. Weight: ____ lbs Hair color: _____ Eye color: _____ Race: _____		
<input type="checkbox"/> <b>ADA Assistive Device Requested</b>		

Relationship to individual in custody: \_\_\_\_\_ Date to begin visits: \_\_\_\_\_

<b>Photo ID:</b> <input type="checkbox"/> Driver's License # or <input type="checkbox"/> State ID #: _____ State of issue: _____
<input type="checkbox"/> Other (specify): _____

- Are you on any other individual in custody's approved visiting list? ☐ No ☐ Yes If yes, provide each individual in custody's name, number and facility: \_\_\_\_\_
- Have your visits to an Illinois Department of Corrections facility ever been restricted or denied? ☐ No ☐ Yes If yes, where and when? \_\_\_\_\_
- Have you ever been convicted of a felony? ☐ No ☐ Yes If yes, what offense/sentence? \_\_\_\_\_
- Have you ever been incarcerated? ☐ No ☐ Yes ID #: \_\_\_\_\_ Name of facility and State: \_\_\_\_\_
- Are you currently on parole or probation? ☐ No ☐ Yes If yes, Parole Officer's name and office address: \_\_\_\_\_
- Are you, or have you ever been, an employee, contractual employee or approved volunteer of the Department of Corrections? ☐ No ☐ Yes If yes, at which facility? \_\_\_\_\_
- Do you or any visiting children currently have an order of protection against the individual in custody you are planning to visit? ☐ No ☐ Yes

I understand that, in accordance with 20 IAC 525: Subpart A, I must be on the individual in custody's visiting list and be approved by the Chief Administrative Officer in order to visit; visits may be limited to non-contact visits; visits may be temporarily or permanently suspended due to inappropriate behavior including violation of law, rules or orders; and I am not permitted to exchange any item with the individual in custody during a visit without prior approval of the Chief Administrative Officer.

I certify that the information contained herein is complete and accurate. I further understand that providing false information or any violation of the visiting policy will result in the revocation of my visiting privileges.

Signature of Prospective Visitor

Date

**For Official Use Only**

Comments: _____	
Reviewed by: _____ Name and Title	Date: _____