



**GEORGIA DEPARTMENT OF CORRECTIONS**  
**Application for Visitation Privilege**

**ATT 2**  
**SOP (227.05) IIB01-0005**  
**04/24/15**  
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**Facility:** \_\_\_\_\_

**Offender:** \_\_\_\_\_ **GDC #:** \_\_\_\_\_

The offender named above has request that you be approved for visitation privilege with him/her at this institution. Prior to making the approval, we must first confirm the following information obtained from you. Failure to provide complete and accurate information may result in denial of your visitation privilege.

**Legal Name:** \_\_\_\_\_ **D.O.B. (mm /d d/y y):** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Home/Cell Telephone:** \_\_\_\_\_

**What is your relationship to the offender?** \_\_\_\_\_

**Have you ever been convicted of a crime?**  Yes  No, if so, what is the nature of conviction(s)?  
**Date, county, state, and sentence received (attach additional sheet if necessary):** \_\_\_\_\_

\_\_\_\_\_

**Are you on probation or parole?**  Yes  No, if so, give your probation/parole officer's name,  
**location and telephone number:** \_\_\_\_\_

\_\_\_\_\_

**Are you related to any offender (s) incarcerated with Georgia Department of Corrections, other than  
the one listed above?**  Yes  No If so, give name, GDC#, institution, relation of each offender  
**(attach additional sheet if necessary):** \_\_\_\_\_

\_\_\_\_\_

**Do you correspond or visit with other offenders?**  Yes  No If so, give name, GDC#, institution,  
**relation of each offender (attach additional sheet if necessary):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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Please check and attach appropriate documentation to verify your relationship with the listed offender:

- Notarized letter from you verifying your common law relationship
Birth Certificate
Divorce Decree
Other:

THIS SECTION ONLY NEEDS TO BE COMPLETED IF YOU ARE NOT EXTENDED FAMILY (PARENT, SIBLING, CHILD, GRANDPARENT, SPOUSE, STEP-PARENT, STEP-SIBLING, BROTHER/SISTER-IN-LAW, AUNT, UNCLE, COUSIN, HALF SIBLING, NIECE, NEPHEW, or STEP-CHILD) OF THE OFFENDERS. PLEASE FEEL FREE TO ATTACH ADDITIONAL SHEETS IF NEEDED.

Describe the nature of your relationship with this offender:

\_\_\_\_\_

How long have you known this offender: \_\_\_\_\_ Prior to their incarceration? Yes No

Where and how did the relationship develop? \_\_\_\_\_

\_\_\_\_\_

Explain how your relationship with the offender will assist in and contribute toward his/her rehabilitation:

\_\_\_\_\_

\_\_\_\_\_

CRIMINAL/DRIVER HISTORY CONSENT (TO BE COMPLETED BY EVERYONE)

I, \_\_\_\_\_, hereby authorize Georgia Department of Corrections to receive any criminal history information at any time pertaining to me which may be in the files of any criminal justice agency on the National Crime Information Center/Georgia Crime Information Center (NCIC/GCIC) network.

Security Number

Driver's License Number Social

Signature

Date

Signature of parent/guardian (If under 18 years of age)

Date

### GCIC/NCIC CONSENT FORM FOR VISITORS OF GDC FACILITIES

I hereby authorize the Georgia Department of Corrections to receive any criminal/driver's license history information, at any time, pertaining to me which may be in the files of any state or local criminal justice agency.

\_\_\_\_\_  
Full Name (Printed)

\_\_\_\_\_  
Address  
  
\_\_\_\_\_  
  
\_\_\_\_\_

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
DOB

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Notary