

# Adult Visitor Application

<https://drc.ohio.gov/visiting>

**A LEGIBLE COPY OF YOUR PHOTO ID MUST BE PROVIDED**

**OFFICE USE ONLY**

Staff Name: \_\_\_\_\_

Approved? ☐ Yes ☐ NoVOC Yes ☐ No ☐ UNAVAILABLE ☐CO-D Yes ☐ No ☐ UNAVAILABLE ☐NAMS1 ☐ Scope ☐ VNAMS ☐ VADDS ☐

Full name as it appears on your ID (First, Middle, Last)			Date:
Date of Birth:	Driver's License/State ID Number:	Expiration:	Issuing State:
Full Residential Address, City, State, Zip Code			
Phone Number (INCLUDING AREA CODE):		Email Address:	
Incarcerated Person's Name:		Incarcerated Person's Number:	Institution:

**Explanation and instructions:** This questionnaire will provide the institution with the information needed to determine the eligibility for visitation approval for the above-named incarcerated person. Please answer all questions fully, truthfully, and accurately. Failure to answer any question and/or falsification of any answer will result in disapproval of your application. Visitation applications can be denied if the visitor will not have a positive effect on the incarcerated person's attitude, behavior, overall adjustment, or reentry efforts.

My relationship to the incarcerated person is \_\_\_\_\_

Friends, please describe nature of friendship and if you knew the incarcerated person before they were incarcerated:

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1. Have you ever been incarcerated in a prison in Ohio, another state, or any federal prison? ☐ Yes ☐ No

If yes, please explain below:

Date of Incarceration	State	Institution(s)	Convictions/Charges

2. Are you currently on probation or parole? ☐ Yes ☐ No

**If yes, you must include a letter from your probation/parole officer granting permission to visit.**

3. Are you now a party to any criminal action or proceeding? ☐ Yes ☐ No

If yes, please explain:

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4. Have you ever been an accomplice or co-defendant of any crime committed by this incarcerated person? ☐ Yes ☐ No

If yes, please explain:

5. Have you ever been the victim of any crime committed by this incarcerated person? ☐ Yes ☐ No

*Victim is defined as: A person against whom the criminal offense or delinquent act is committed or who is directly and proximately harmed by the commission of the offense or act.*

If yes, please explain:

6. Is there any active protection order that involves you and the incarcerated person? ☐ Yes ☐ No

If yes, please explain:

7. Are you now or have you ever been employed by the DR&C? (Contract Employee, Volunteer, Intern or Unpaid Staff) ☐ Yes ☐ No

If yes, please explain:

Once your application is received it will be verified and either approved or denied. We will notify the incarcerated person you applied to visit of this action and any follow up needed. If you are approved you must register with [www.gtlvisitme.com](http://www.gtlvisitme.com) to make a visit reservation.

Applicant's Signature:

Date: