

## GEORGIA DEPARTMENT OF CORRECTIONS

### Application for Visitation Privilege

Facility: FLOYD COUNTY CORRECTIONS

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

The offender named above has requested 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 /dd/yy): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Occupation: \_\_\_\_\_ Home/Cell Telephone: \_\_\_\_\_

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

Email Address (optional): \_\_\_\_\_

PLEASE FEEL FREE TO ATTACH ADDITIONAL SHEETS IF NEEDED.

Have you ever been convicted of a misdemeanor or a felony in any state? \_\_\_ Yes \_\_\_ No, if so, what is the nature of conviction(s)? Date, county, state, and sentence received. Include your GDC # if applicable.

\_\_\_\_\_  
\_\_\_\_\_

Are you on probation or parole? \_\_\_ Yes \_\_\_ No

If yes, list your supervising officer's name, office and phone 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:

\_\_\_\_\_  
\_\_\_\_\_

Do you correspond or visit with other offenders? \_\_\_ Yes \_\_\_ No, if so, give name, GDC#, institution, and relation of each offender: \_\_\_\_\_

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

\_\_\_\_\_ Copy of Driver's License or State Identification Card (**REQUIRED** for all visitors over 16 years of age)

\_\_\_\_\_ Original GCIC (Background Check) Report (**REQUIRED** for all Significant Relationship visitors)

\_\_\_\_\_ Birth Certificate(s)

\_\_\_\_\_ Marriage Certificate \_\_\_\_\_ Divorce Decree

\_\_\_\_\_ Notarized letter from legal parent/guardian verifying minor child's relationship to the offender.

\_\_\_\_\_ Other: \_\_\_\_\_

RETENTION SCHEDULE: THIS COMPLETED FORM SHALL BE PLACED IN THE OFFENDER'S INSTITUTIONAL FILE

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**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.

Social Security Number \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

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**\*\*THIS SECTION ONLY NEEDS TO BE COMPLETED IF YOU ARE NOT IMMEDIATE OR EXTENDED FAMILY\*\***

Immediate Family: PARENT, SIBLING, BIOLOGICAL CHILD, GRANDPARENT, SPOUSE

Extended Family: STEP-PARENT, STEP-SIBLING, BROTHER/SISTER-IN-LAW, AUNT, UNCLE, COUSIN, HALF SIBLING, NIECE, NEPHEW, or STEP-CHILD OF THE OFFENDER

Significant Relationship Visitor: FRIENDS, EMPLOYERS, PASTORS, and OTHER RELATIONSHIPS THAT HAVE THE POTENTIAL FOR REHABILITATIVE SUPPORT.

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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLEASE FEEL FREE TO ATTACH ADDITIONAL SHEETS IF NEEDED.

Completed application and attached verifying documents may be mailed to:

Floyd County Corrections  
Care & Treatment Division: Visitation  
329 Blacks Bluff Road SW  
Rome, GA 30161

Email: FCCI.Visitation@gmail.com

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**Facility Use ONLY**

Date of Receipt: \_\_\_\_\_

Packet Review

Date: \_\_\_\_\_ Staff: \_\_\_\_\_

- APPROVED
- PENDING: \_\_\_\_\_
- DENIED: \_\_\_\_\_