



GEORGIA DEPARTMENT OF CORRECTIONS  
Application for Visitation Privilege

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FLOYD COUNTY PRISON

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/dd/yy): \_\_\_\_\_

Gender: (M/F): \_\_\_\_\_ Race: \_\_\_\_\_

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

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

Occupation: \_\_\_\_\_ Home/Cell Telephone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

How are you related to the offender? \_\_\_\_\_

Have you ever been convicted of a crime?  Yes  No

If yes, 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 yes, give your probation/parole officer's name, location, and telephone number \_\_\_\_\_  
\_\_\_\_\_

Are you related to any offender(s) incarcerated with the GA Dept. of Corrections, other than the one listed above?  Yes  No

If yes, give name, GDC #, institution, and relation of each offender (attach additional sheet, if necessary) \_\_\_\_\_  
\_\_\_\_\_

Do you correspond or visit with other offenders?  Yes  No

If yes, give name, GDC #, institution, and relation of each offender (attach additional sheet, if necessary) \_\_\_\_\_  
\_\_\_\_\_

Facility Use Only:

\_\_\_\_ Approved \_\_\_\_ Denied

Warden/Designee: \_\_\_\_\_

Date Approved/Denied: \_\_\_\_/\_\_\_\_/\_\_\_\_



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

- Birth Certificate, Marriage Certificate, Driver's License

THIS SECTION ONLY NEEDS TO BE COMPLETED IF YOU ARE APPLYING AS A SIGNIFICANT OTHER. GDC DEFINES A SIGNIFICANT OTHER AS GDC POLICY DEFINES THIS AS "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:

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 applicant is under 18 years of age)

Date