SHELBY COUNTY
DIVISION OF CORRECTIONS
INMATE VISITATION APPLICATION

Inmate Name: _____ R&I #: _____

Read Carefully: ***All questions must be answered. Any omissions or falsifications will be considered sufficient reason for disapproval for visitation. Return this form to the Operations Department at Shelby County Division of Corrections, 1045 Mullins Station Road, Memphis, Tennessee – 38134. The application will become apart of the inmate's institutional record under the provisions of T.C.A. 4-3-603, 4-3-606, and 4-6-140. It will be considered as public record available for review by the general public, subject to the procedures established in the above-cited statues.***

Name **(Please Print All Required Information)**	**Race** **(Place an X In The Appropriate Box)**	**Relationship To Inmate** **(Place an X In The Appropriate Box)**
First:_____	Asian or Pacific Islander _____	Mother _____
Middle:_____	Black _____	Father _____
Last:_____	Hispanic _____	Brother _____
Address	American Indian _____ Alaskan Native _____	Sister _____
Street:_____ _____	White _____	Wife _____
City: _____		Husband _____
State: _____	**Date of Birth**	Child _____
Zip: _____	Age: _____	Grandmother: _____
	Month: _____	Grandfather : _____
Telephone Number	Day: _____	Cousin: _____
Home: ( )_____	Year: _____	Uncle: _____
		Aunt: _____
Sex	**Height / Weight**	Niece: _____
Male: _____ Female: _____	Feet: _____	Nephew: _____
	Inches: _____	Foster Child: _____
Employer	Weight: _____	Foster Parent: _____
Employer: _____		Step Father: _____
Address: _____		Step Mother: _____
Telephone Number: _____		Step Sister: _____
	Social Security No.	Step Brother: _____
	____- -____	Mother-in-law: ____
Driver's License Information		Father-in-law: ____
State: _____ Number:_____		Brother-in-law: ___
		Sister-in-law: ____
Vehicle Information		Personal Friend: ___
Make: _____		
Model: _____		
License Tag Number: _____ **State:** _____		

Please continue On the Back

Are you currently visiting another inmate at the Division of Corrections? _____ If yes, what is his/her name: _____ Number: _____ Relationship: _____

Have you ever been convicted of a felony? _____ If yes, please list offense(s), date, location, and disposition of sentence. Please include your State Number or R& I number:

_____

_____

Have your visitation privileges ever been suspended from the Division of Corrections for any reason: _____
If yes, please explain: _____

_____

Are you now, or have you ever been employed at the Division of Corrections: _____ If yes, please list when and what Department: _____

Your Signature: _____ Date: _____

Note: If you are under 18 years of age, your parent or legal guardian's approval must be indicated by notarized signature. If signed by legal guardian, a copy of the certified court order granting guardianship must be attached. Visitors' handbooks are available upon request and receipt of a self-addressed stamped envelope with this application.

This Section Is For Administrative Use Only

Approved: _____

Denied: _____ Reason: _____

Date of Receipt: _____

IMS System Updated By: _____ Date: _____
(Print Name)

_____
Administrator of Operations/Designee Date