

ILLINOIS DEPARTMENT OF CORRECTIONS
Prospective Visitor's Interview

Facility

Visitor must complete all blanks up to and including signature and date.

Offender Visited: Name: _____ ID #: _____
Last Name: _____ First: _____ Middle: _____
Other Names used (include Maiden Name): _____
Home Address: _____
(Street and Apartment #) (City) (State) (Zip Code)
Home Phone #: (____) _____ Place of Employment: _____
Date of Birth: ____ / ____ / ____ Relationship to Offender: _____
 Male Female Race: _____ Height: ____ft. ____in. Weight: ____lbs. Hair: _____ Eyes: _____
(color) (color)

Photo ID: Driver's License # or State ID #: _____ State of Issue: _____
 Other (specify): _____

1. Are you on any other offender's approved visiting list? No Yes - If yes, provide each offender's name, number and facility: _____
2. Have your visits to an Illinois Department of Corrections facility ever been restricted or denied? No Yes If yes, where and when: _____
3. Have you ever been convicted of an offense other than a misdemeanor? No Yes - If yes, what offense/sentence: _____
4. Have you ever been incarcerated? No Yes ID #: _____ Name of facility and State: _____
5. Are you currently on parole or probation? No Yes - If yes, Parole Officer's name and office address: _____
6. Are you an employee or approved volunteer of the Department of Corrections? No Yes
If yes, at which facility: _____
7. Do you have a valid, lawfully issued concealed carry permit? No Yes

I understand that, in accordance with 20 Ill. Adm. Code 525: Subpart A, I must be on the offender's visiting list and be approved by the Chief Administrative Officer in order to visit; visits may be limited to non-contact visits; visits may be temporarily or permanently suspended due to inappropriate behavior including violation of law, rules, or orders; and I am not permitted to exchange any item with the offender during a visit without prior approval of the Chief Administrative Officer. Visitors under the age of 17 need not be on the visiting list, but they must be accompanied by an approved visitor who is at least 17 years of age or older and they may be required to have the written consent of the parent or guardian to visit.

I certify that the information contained herein is complete and accurate. I further understand that providing false information or any violation of the visiting policy may result in the revocation of my visiting privileges.

Visitor's Signature

Date

For Official Use Only

Comments: _____

Reviewed by: _____
Name and Title Date